
. TABLE OF. CONTENTS

PART 5 - MANAGEMENT SERVICES

CHAPTER 6 - SUPPLY MANAGEMENT - CENTRAL OPERATIONS

SECTION 10 - EXHIBITS :

EXHIBIT

Acceptance/Transfer of Custody of Controlled Substances -----	5-6.10A(15)
Adjustment Documents (Samples)	
Disposal by Destruction, HI-IS-365 -----	5-6.10A(41)
Removal of Outdated Items from Inventory, HHS-365 -----	5-6.10A(23)
Return of Items to Stores Stock, HHS-22 -----	5-6.10A(11)
Approval Authority for Destruction of Supplies -----	5-6.10A(42)
Authorized Staffing and Space Report as of _____ -----	5-6.10A(22)
Batch Control Sheet for Supply Data Entry -----	5-6.10A(45)
Bin Label - Sample - - - - -	5-6.10A(26)
Check List of Transmittal Notices - - - - -	5-6.10A(1)
Code Sheet - Station Master Records - - - - -	5-6.10A(18)
Control Sheet - Voucher Numbers - - . - - - - - .	5-6.10A(5)
CRT Screen Layouts	
Area Master Transactions - - - - -	5-6.10A(46)
Inventory Record File	5-6.10A(6)
Station Master Transactions	5-6.10A(47)
Cupboard Stock Review Schedule - Sample -----	5-6,10A(36)

TABLE OF CONTENTS

5-6.10A continued

	<u>EXHIBIT</u>
DEA Form 41 -. Registrants Inventory of Drugs Surrendered -----	5-6.10A(4)
Disposal Documents (Samples)	
Disposal by Destruction, HHS-365, Supply Center -----	5-6.10A(41)
Removal of-outdated Item from Inventory -----	5-6.10A(23)
Transfer Out Document,,HHS-22 -----	5-6.10A(2)
EOQ Table Worksheet -----	5-6.10A(20)
Flow Charts of Various Supply Documents -----	5-6.10A(35)
Food Storage Guide -----	5-6.10A(27)
Insects Which Infest Stored Subsistence -----	5-6.10A(28)
Inventory Adjustment Listing - Sample Report -----	5-6.10A(9)
Inventory Fact Sheet - Sample Report -----	5-6.10A(10)
Inventory Overages/Shortages, Initial Listing Sample Report -----	5-6.10A(8)
Inventory Record File - CRT Screen Layout -----	5-6.10A(6)
Inventory Recount Listing - Sample Report -----	5-6.10A(7)
Inventory Schedule -----	5-6.10A(43)
Inventory Status Report -----	5-6.10A(43)
Issue Book Transmittal Letters - Sample -----	5-6,10A(24)
Outdated Stores Stock Disposal Worksheet -----	5-6.10A(19)
Outdated. Stores Stock Disposal Document, HHS-365 -----	5-6.10A(23)

TABLE OF CONTENTS

5-6.10A continued

	<u>EXHIBIT</u>
Perpetual Inventory of Narcotics & Other Controlled Drugs, HRS-175 - Sample -----	5-6.10A(16)
Property Voucher Register, HRS-31, Sample -----	5-6.10A(14)
Receiving Report Documents (Samples)	
Items Provided by Vendors for Outdated Returns, HHS-365 -----	5 - 6 . 1 O A (3 8)
Multiuse Standard Requisition/Issue System Document, SF-344 -----	5-6.10A(31)
Order for Supplies or Services, OF-347 -----	5-6.10A(30)
Property Action Request, HHS-22 -----	5-6.10A(33)
Purchase Order/Invoice/Vouchers, SF-44a -----	5-6.10A(32)
Receiving and Inspection Report, OF-127 -----	5-6.10A(29)
Return of Overstocked/Unrequired Supplies, HHS-22 -----	5-6.10A(II)
Transfer In Document, HHS-22 -----	5-6.10A(3)
Register of Worksheet Controlled Numbers Assigned -----	5-6.10A(21)
Registrants Inventory of Drugs Surrendered to DEA, DEA Form 41 - - - - -	5-6.10A(4)
Removal of Outdated Items from Inventory, HHS-365, Sample Document - - - - -	5-6.10A(23)
Request for New Stores Stock Item -----	5-6.10A(34)
Staffing and Space Report as of _____ -----	5-6.10A(22)
Station Master Record Code Sheet -----	5-6.10A(18)
Supply Disposal Log - - - - -	5-6.10A(37)
Area -----	5-6.10A(40)
Department/Cupboard Stock -----	5-6.10A(44)
Service Unit -----	5-6.10A(39)

TABLE OF CONTENTS

5-6.1OA continued

EXHIBIT

Transfer/Acceptance of Custody of Controlled Substances -----	5-6.1OA(15)
Transmittal Letter, Issue Books - Sample -----	5-6.1OA(24)
Transmittal Notices, Check List -----	5-6.1OA(1)
Voucher Number Control Sheet -----	5-6.1OA(5)

CHAPTER 6

CHECK LIST OF IHS TRANSMITTAL NOTICES

[illegible]

CHAPTER 6

SUPPLY MANAGEMENT - CENTRAL OPERATIONS

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
PROPERTY ACTION REQUEST TO SUPPLY OFFICER

(1) REQUESTING OFFICE	Supply Service Center Navajo Area IHS Gallup, New Mexico	DATE OF THIS REQUEST	4-2-83
(2) ACTION REQUESTED (Check one)		TO BE COMPLETED BY SUPPLY PERSONNEL	
<input checked="" type="checkbox"/> TRANSFER <input type="checkbox"/> TURN IN <input type="checkbox"/> RECEIPT <input type="checkbox"/> DISPOSITION INSTRUCTIONS			

ITEM NO. OR STOCK NO. (3)	DESCRIPTION (4)	QUAN- TITY (5)	UNIT (6)	CONDI- TION (7)	EST. UNIT COST (8)	UNIT COST (9)	TOTAL COST (10)	ACTION CODE (11)
00893.1	Bacittacin Ointment 1/2 Oz Tube, 12/BX	50	BX			6.36	318.00	
01184.3	Sulfisoxazole, Susp. Code "34" Credit General Ledger Account 125.1 5520.53	157	BT			1.29	202.53	

(12) EXPLANATION OF ACTION REQUESTED:

Transfer of Supplies to: Phoenix Indian Medical Center
Phoenix, Arizona

(13) SIGNATURE OF INITIATOR /s/ Joe Overstocked	(14) SIGNATURE OF RECEIVING OFFICIAL	
(15) CUSTODIAL FILE UPDATED INITIALS OF ACCOUNTABLE OFFICER - DATE	(16) CUSTODIAL FILE UPDATED INITIALS OF ACCOUNTABLE OFFICER - DATE	
(17) SIGNATURE OF ACCOUNTABLE OFFICER	(18) DATE 4-2-83	(19) PROPERTY VOUCHER 83-04-0081

CHAPTER 6
SUPPLY MANAGEMENT - CENTRAL OPERATIONS

**DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
PROPERTY ACTION REQUEST TO SUPPLY OFFICER**

(1) REQUESTING OFFICE Phoenix Indian Medical Center Phoenix, Arizona						DATE OF THIS REQUEST 4-15-83			
(2) ACTION REQUESTED (Check one) <input type="checkbox"/> TRANSFER <input type="checkbox"/> TURN IN <input checked="" type="checkbox"/> RECEIPT <input type="checkbox"/> DISPOSITION INSTRUCTIONS								TO BE COMPLETED BY SUPPLY PERSONNEL	
ITEM NO. OR STOCK NO. (if available)	DESCRIPTION	QUAN- TITY	UNIT	CONDI- TION	EST. UNIT COST	UNIT COST	TOTAL COST	ACTI COST	
(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
02402.3	Bacitracin Ointment 1/2 Oz	600	TU			.53	318.00		
02920.3	Sulfisoxazole, Susp	157	BT			1.27	202.53		
	Code "24"								
	Debit General Ledger Account 125.1 5520.53								

(12) EXPLANATION OF ACTION REQUESTED:

Receipt of Supplied from: Supply Service Center
Navajo Area IHS
Gallup, New Mexico

(13) SIGNATURE OF INITIATOR		(14) SIGNATURE OF RECEIVING OFFICIAL /s/ J o e Unders tocked	
(15) CUSTODIAL FILE UPDATED INITIALS OF ACCOUNTABLE OFFICER - DATE		(16) CUSTODIAL FILE UPDATED INITIALS OF ACCOUNTABLE OFFICER - DATE	
(17) SIGNATURE OF ACCOUNTABLE OFFICER		(18) DATE 4-15-83	(19) PROPERTY VOUCHER 83-04-0350

* COLUMN 7 & 11, SEE REVERSE SIDE OF FORM.
Indian Health Manual

(9-30-86)

TN 86.4

CHAPTER 6
SUPPLY MANAGEMENT - CENTRAL OPERATIONS


OMB Approval No. 43-R0548	DEPARTMENT OF JUSTICE / DRUG ENFORCEMENT ADMINISTRATION REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE No.
------------------------------	---	-------------

The following schedule is an inventory of controlled substances which is hereby surrendered to you for prop disposition. .

FROM: (Include Name, Street, City, State and ZIP Code in space provided below).

Signature of applicant or authorized agent
Registrant's DEA Number
Registrant's Telephone Number

NOTE: Registrants will fill in Column8 1, 2, 6, and 4 Only.

NAME OF DRUG OR 	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content (Each Unit)	FOR DEA USE ONLY		
				DISPOSITION	QUANTITY	
					GRMS.	MGs.
1	2	3	4	5	6	7
2						
-						
4						
5						
8						
9						
10						
11						
12						
13						
14						
15						
16						

DEA Form - 41
(Mar. 1980)

Previous edition may be used.

• See instructions on reverse side.

CHAPTER 6

SUPPLY MANAGEMENT - CENTRAL OPERATIONS

VOUCHER NUMBER CONTROL SHEET

STATION _____

MONTH _____

Voucher Number _____ thru _____

VOUCHER NUMBER	DATE REC'D	VOUCHER NUMBER	DATE REC'D	VOUCHER NUMBER	DATE REC'D	VOUCHER NUMBER	DATE REC'D	VOUCHER NUMBER	DATE REC'D
01		21		41		61		81	
02		22		42		62		82	
03		23		43		63		83	
04		24		44		64		84	
05		2s		4s		65		85	
06		26		46		66		86	
07		27		47		67		87	
08		28		48		68		88	
09		29		49		69		89	
10		30		50		70		90	
11		31		51		71		91	
12		32		52		72		92	
1 3		33		53		73		93	
14		34		54		74		94	
1s		3s		ss		7s		9s	
16		36		56		76		96	
17		37		57		77		97	
18		38		58		78		98	
19		39		59		79		99	
20		40		60		80		100	

CHAPTER 6

SUPPLY MANAGEMENT - CENTRAL OPERATIONS

CRT LAYOUT FORM

SUPPLY PROGRAM		INVENTORY RECORD FILE - INVENTORY XX-XX-XX										DATE	PAGE	(1)
INDEX NO:	XXXXX.X	DESC:	X									SLC:	X	
PHY COUNT:		UNIT:	XX	UNIT COST:	XXXXX.XX	REC BAL:						XXXXXX	ACC:	X
INDEX NO:	124.4	DESC:										SLC:	8	
PHY COUNT:		UNIT:	LB	UNIT COST:	.74	REC BAL:						20	ACC:	3

CHAPTER 6
SUPPLY MANAGEMENT - CENTRAL OPERATIONSINVENTORY RECOUNT LISTING
AREA:
STAT:

CATEGORY:

DATE

PAGE

SLC	INDEX NUMBER	DESCRIPTION	U I	FIRST COUNT	RECOUNT QUANTITY
X	XXXXX.X	X-----X X-----X	xx	XXXXXX	
B	237.2	GRAPEFRUIT SECTION LIGHT SYRUP PACK NO 303	CN	5	

RECOUNTERS:

SIGNATURE/TITLE

DATE:

SIGNATURE/TITLE

DATE:

(ONE ITEM PER PAGE)

CHAPTER 6

INITIAL LISTING OF INVENTORY OVERAGES/SHORTAGES					DATE	PAGE
AREA:		ACCOUNT:		INV DATE:		
STAT:						
SLC	INDEX NUMBER	DESCRIPTION	U I	UNIT COST	RECORD QTY	INV QTY
X	XXXXX.X	X-----X X-----X	XX	XXXX.XX	XXXXXX	XXXXXX
XXXXX QTY: XXXXXX VAL: XXXXXX.XX						
B	124.4	SHORTENING COMPOUND GENERAL PURPOSE VEGETABLE 3 LB CAN	LB	.74	20	60
OVER QTY: 40 VAL: 29.60						
B	140.6	SUGAR REFINED BEET OR CANE WHITE GRANULATED 50 LB SACK	LB	.30	400	4
SHORT QTY: 396 VAL: 118.80						
SEQUENCE: AREA; STATION; ACCOUNT CODE; INDEX NUMBER						

CHAPTER 6
SUPPLY MANAGEMENT - CENTRAL OPERATIONS

INVENTORY ADJUSTMENT DOCUMENT

AREA:

STAT:

VOUCHER NO: XX-XX-XXXX

DATE

PAGE

GL ACCOUNT:

INV. DATE

ITEM NO.	INDEX NUMBER	DESCRIPTION	U I	UNIT COST	OVERAGE QTY	OVERAGE VALUE	SHORTAGE QTY	SHORTAGE VALUE
XXX	XXXXX.X	X	X	XX	XXXX.XX	XXXXXX	XXXXXX.XX	XXXXXX XXXXXX.XX
1	4.3	CARROTS STRAINED BAB C S		5.55	2	11.10		
2	25.6	BEAN SPROUTS WATER P CN		1.93			5	9.65
3	291.7	BEANS WHITE DRY 25 L LB		.39			24	9.36
4	7091.2	FORMULA MILK FREE CS		3.60	25	90.00		

TOTALS: OVERAGES: NO. LI XXXXXX VAL: XXXXXX.XX

SHORTAGES: NO LI XXXXXX VAL: XXXXXX.XX

SEQUENCE: AREA; STATION; ACCOUNT CODE; INDEX NUMBER

CHAPTER 6
SUPPLY MANAGEMENT - CENTRAL OPERATIONS

INVENTORY FACT SHEET

DATE

AREA:

STAT:

INV DATE:

ACCOUNT: X

INVENTORY: NO. LI: XXXXXX VAL: XXX,XXX.XX

RECOUNTS: NO. LI: XXXXXX
%: XX.X

INITIAL:

OVERAGES: NO. LI: XXXXXX VAL: XXX,XXX.XX
%: XX.X XX.XSHORTAGE: NO. LI: XXXXXX VAL: XXX,XXX.XX
%: XX.X XX.X

FINAL

OVERAGES: NO. LI: XXXXXX VAL: XXX,XXX.XX
%: XX.X XX.X

SHORTAGE: NO. LI: XXXXXX VAL: XXX,XXX.XX

ACCOUNT: X

TOTALS

DEPARTMENT OF
HEALTH AND HUMAN SERVICES

(4) DATE OF REQUEST

(Date)

(2) CUSTODIAL LOCATION

(3) CAN. NO. & ADMIN. CODE

(Your Location)

(5) ACTION REQUESTED (turn in, receipt, transfer, disposition instructions) EXPLAIN IN DETAIL.

(Return of **Overstocked/Unrequired** Supplies to Supply Service Center.)

(State Brief Reason(s) **for** return.)

SERIAL NO. OR DECAL NO. (6)	DESCRIPTION AND STOCK NUMBER (7)	QUAN- TITY (8)	UNIT (9)	CONDI- TION (10)	UNIT COST (11)	TOTAL COST (12)
(Index No.)	(Catalog Description of Item) Sub-Sub Activity-Code: _____ CAN: _____ User Code: _____ Station Code: _____ (The above accounting data must be included.)	(Qty)	(SSC unit of issue)			
(13) SIGNATURE OF INITIATOR (Signature of Service Unit Property & Supply Officer)		DATE	(16) CUSTODIAL FILE UPDATED INITIALS OF ACCOUNTABLE OFFICER			DATE
(14) SIGNATURE OF RECEIVING OFFICIAL		DATE	(17) CUSTODIAL FILE UPDATED INITIALS OF ACCOUNTABLE OFFICER			DATE
(16) SIGNATURE OF ACCOUNTABLE OFFICER		DATE	(18) VOUCHER NO.			

INSTRUCTIONS FOR COMPLETING HHS-22

Block

1. Identify your organization by name, location by room number, and your telephone number.
 2. Your custodial area/location code.
 3. Your common accounting number and your administrative code..
 4. Date of your request.
 5. Specify what you want to have done:
 6. Serial number or local decal number. If neither leave blank. **DO NOT COMBINE MACHINES AND FURNITURE."**
 7. Complete nomenclature of the item(s) stock number, model number, etc. It is necessary to adequately describe the items to insure identification.
 8. Number of units.
 9. Unit of issue: each, set, pkg., etc.
 10. Condition code. See below.
 - 11 and 12. From the file of best estimate. Accountable officer should verify.
 13. Print/type name of Custodial Officer. Sign and date.
 14. To be completed by individual receiving property, Print/type name, sign and date.
 15. Signature of Accountable Officer or authorized representative.
 - 16 and 17; To be initialed by the Accountable Officer when action has been posted to appropriate account.
 18. To be assigned by the Accountable Officer.
- - - e m - - - - -

Condition Codes (Column 10)

Disposal condition code	Brief definition	Expanded definition
1	Unused-good	Unused property that is usable without repairs and identical or interchangeable with new items from normal supply sources.
2	Unused-fair	Unused property that is usable without repairs, but is deteriorated or damaged to the extent that utility is somewhat impaired.
3	Unused-poor	Unused property that is usable without repairs, but is considerably deteriorated or damaged. Enough utility remains to classify the property better than salvage.
4	Used-good	Used property that is usable without repairs and most of its useful life remains.
5	Used-fair	Used property that is usable without repairs, but is somewhat worn or deteriorated and may soon require repairs.
6	Used-poor	Used property that may be used without repairs, but is considerably worn or deteriorated to the degree that remaining utility is limited or major repairs will soon be required.
7	Repairs required-good	Required repairs are minor and should not exceed 15 percent of original acquisition cost.
8	Repairs required-fair	Required repairs are considerable and are estimated to range from 16 percent to 40 percent of original acquisition cost.
9	Repairs required-poor	Required repairs are major because property is badly damaged, worn, or deteriorated, and are estimated to range from 41 percent to 65 percent of original acquisition cost.
X	Salvage	Property has some value in excess of its basic material content, but repair or rehabilitation to use for the originally intended purpose is clearly impractical. Repair for any use would exceed 65 percent of the original acquisition cost.
S	Scrap	Material that has no value except for its basic material content.

Distribution

Original and 2 — To Accountable Officer
 1 Copy — To Receiving Office
 1 Copy — Hold

PROPERTY VOUCHER REGISTER

FY	MO.
81	04

STATION CODE ACCTG. PT. NO.

08	54
----	----

TN 86.4

~~CHAPTER 6~~
SUPPLY MANAGEMENT - CENTRAL OPERATIONS

UNITED STATES GOVERNMENT

m e m o r a n d u m

DATE:

REPLY TO:
ATTN OF:

SUBJECT: Acceptance/Transfer of Custody of Controlled Substances

TO: Director Supply Service Center
_____ Area Indian Health Service

I, _____, _____, of this
(name) (title)
facility, attest that the physical inventory and the perpetual inventory
records of Controlled Substances carried in the stores stock inventory
system are in balance, and that the perpetual inventory records are a
true and accurate record of activities for the Controlled Substances. A
transfer of the Controlled Substances inventory is made as of this date
to _____.
(Cname)

(signature and date)ACCEPTANCE

I certify that I have received from _____ the
(name)
quantities of Controlled Substances listed in the perpetual inventory
records as of this date. I accept responsibility for the custody of
these items, as well as for stocking and issuing, in accordance with
published procedures and regulations.

(signature and date)

SUPPLY MANAGEMENT CENTRAL OPERATIONS

. INSTRUCTIONS FOR COMPLETING
PERPETUAL INVENTORY RECORD OF CONTROLLED DRUGS

1. DATE : Enter the date the item is received or issued.
2. QTY REC'D: Enter the quantity received. Be sure the quantity posted agrees with the SSC Unit of Issue.
3. QTY ISS'D: Enter the quantity issued. Be sure the quantity posted agrees with the Unit of Issue.
4. P.O. NO. OR VOUCHER NUMBER: On items purchased, enter the purchase order number. On stock issues and other actions, enter the document voucher number.
5. HOSPITAL OR CLINIC RECEIVING: Enter the name of the Hospital or Clinic that the issue is to.
6. POSTED BY: The person posting the entry is to initial this block.
7. BALANCE ON HAND: Enter the current quantity on hand after each posting. The Balance on Hand should agree with the physical quantity on hand.

The above postings are to be made as each receipt/issue is made.

OTHER BLOCKS: Self explanatory.

'STATION MASTER RECORD CODE SHEET'

1. TRANSACTION CODE: 5
2. AREA CODE:
3. STATION CODE:
4. DATE: FY C M - -
5. INDEX NUMBER:
6. STORAGE LOCATION CODE: -
7. REVIEW POINT QUANTITY:
8. UNIT COST: - .
9. EOQ TYPE CODE: - ,
10. CODE C MONTHS MOD:
11. CODE B QTY MOD: - - - -
12. CODE D, Y, Q, ACTION MOS MOD: 1-QTR- 2-QTR- 3-QTR 4-QTR - .
13. ORDER NUMBER: -
14. VENDOR NAME: - - - - - - - - - - - - - -
15. SOURCE CODE: -
16. LEAD TIME MONIHS: .-
17. SOURCE UNIT OF ISSUE: - -
18. STANDARD PACK QUANTITY: -

INSTRUCTIONS FOR COMPLETING STATION MASTER RECORD CODE SHEET

1. TRANSACTION CODE : ENTER 5A TO ADD A NEW STATION MASTER. ENTER SC TO CHANGE DATA ON AN EXISTING STATION MASTER RECORD. ENTER SD TO DELETE AN EXISTING STATION MASTER RECORD.
2. AREA CODE: ENTER YOUR AREA CODE,
3. STATION CODE: ENTER YOUR STATION CODE.
4. DATE: ENTER FISCAL YEAR AND CALENDAR MONTH.
5. INDEX NUMBER: ENTER THE INDEX NUMBER ASSIGNED TO THE ITEM.
6. STORAGE LOCATION CODE: SA TRANSACTION - ENTER THE CODE THAT IDENTIFIES THE STORAGE LOCATION OF THE ITEM WITHIN THE WAREHOUSE. SC TRANSACTION - ENTER CODE OR LEAVE BLANK. REFER TO S-6.5, LOOK-III' TABLE NO. 10, FOR ACCEPTABLE CODES.
7. REVIEW POINT QUANTITY: SA TRANSACTION - ENTER THE REVIEW POINT QUANTITY FOR THE ITEM. SC TRANSACTION - ENTER THE UPDATED REVIEW POINT QUANTITY OR LEAVE BLANK. LEAD TIME MONTHS PLUS 1.0 SAFETY STOCK MONTHS TIMES PROJECTED AVERAGE MONTHLY ISSUE QUANTITY EQUALS REVIEW POINT QUANTITY.
8. UNIT COST: SA TRANSACTION - ENTER THE UNIT PURCHASE PRICE FOR THE ITEM THAT AGREES WITH YOUR STATION UNIT OF ISSUE, (DOLLARS AND CENTS). SC TRANSACTION - ENTER UPDATED UNIT PURCHASE PRICE OR LEAVE BLANK.
9. EOQ TYPE CODE: SA TRANSACTION - ENTER THE EOQ TYPE CODE ASSIGNED TO THE ITEM. SC TRANSACTION - ENTER THE UPDATED EOQ TYPE CODE OR LEAVE BLANK. REFER TO S-6.5, LOOK-UP TABLE NO. 6, FOR PROPER CODES.
10. CODE C MONTHS MODIFIER: IF EOQ TYPE CODE C IS ENTERED IN ITEM 9, THEN A MONTHS OF SUPPLY MODIFIER MUST BE ENTERED. THE MONTHS OF SUPPLY MODIFIER WOULD BE THE NORMAL MONTHS OF LIFE EXPECTANCY LEFT FOR THE ITEM WHEN RECEIVED. TYPE CODE C SHOULD ONLY BE USED FOR THOSE ITEMS THAT HAVE AN EXPIRATION DATE OF LESS THAN 12 MONTHS WHEN RECEIVED.
11. CODE B QUANTITY MODIFIER: IF EOQ TYPE CODE B IS ENTERED IN ITEM 9, THEN A QUANTITY MODIFIER MUST BE ENTERED. THE QUANTITY MODIFIER IS TO BE THE MAXIMUM QUANTITY BASED ON YOUR UNIT OF ISSUE THAT STORAGE SPACE IS AVAILABLE FOR AT ANY POINT IN TIME.
12. CODE D, Q, Y ACTION MONTHS MODIFIER: IF EOQ TYPE CODE D, Q OR Y IS ENTERED IN ITEM 9, THEN AT LEAST ONE ACTION MONTH MODIFIER MUST BE ENTERED. THE ACTION MONTH OR MONTHS MODIFIER WOULD BE THE MONTH OR MONTHS THAT YOU WANT THE ITEM TO APPEAR ON THE REQUIREMENTS ANALYSIS

CHAPTER 6**SUPPLY MANAGEMENT - CENTRAL OPERATIONS**

REPORT REGARDLESS OF THE CURRENT STOCK ON HAND. 1-QTR - LEAVE BLANK OR ENTER 1 FOR JANUARY, 2 FOR FEBRUARY, 3 FOR MARCH. 2-QTR - LEAVE BLANK OR ENTER 4 FOR APRIL, 5 FOR MAY, 6 FOR JUNE. 3-QTR - LEAVE BLANK OR ENTER 7 FOR JULY, 8 FOR AUGUST, 9 FOR SEPTEMBER. 4 -QTR - ENTER 10 FOR OCTOBER, 11 FOR NOVEMBER, 12 FOR DECEMBER.

13. ORDER NUMBER: 5A TRANSACTION - ENTER THE VENDOR ORDER NUMBER FOR THE ITEM. 5C TRANSACTION - LEAVE BLANK OR ENTER CURRENT VENDOR ORDER NUMBER. IF THE ORDER NUMBER IS A NATIONAL STOCK NUMBER, ENTER THE COMPLETE NSN. IF THE ORDER NUMBER IS NOT A NSN, PREFIX THE ORDER NUMBER WITH b "M" IN THE FIRST COLUMN.
14. VENDOR NAME: 5A TRANSACTION - ENTER THE VENDOR NAME THAT THE ITEM IS ORDERED FROM. 5C TRANSACTION - LEAVE BLANK OR ENTER THE CURRENT VENDOR NAME. THE VENDOR NAME SHOULD BE SPELLED AND SPACED THE SAME EACH TIME AS THE COMPUTER SORTS THE REQUIREMENTS REPORT BY VENDOR NAME.
15. SOURCE CODE: 5A TRANSACTION - ENTER THE APPROPRIATE SOURCE CODE. 5C TRANSACTION - LEAVE BLANK OR ENTER THE CURRENT SOURCE CODE. REFER TO 5-6.5, LOOK-UP TABLE NO. 5, FOR PROPER SOURCE CODES.
16. LEAD TIME MONTHS: 5A TRANSACTION - ENTER THE LEAD TIME MONTHS FOR THE ITEM. 5C TRANSACTION - LEAVE BLANK OR ENTER THE CORRECT LEAD TIME MONTHS. FIRST DIGIT IS A WHOLE MONTH AND THE SECOND DIGIT IS A FRACTION OF A MONTH AND MUST BE 0 OR 5.
17. SOURCE UNIT OF ISSUE: LEAVE BLANK OR ENTER THE VENDOR'S UNIT OF ISSUE IF DIFFERENT THAN YOUR UNIT OF ISSUE.
18. STANDARD PACK QUANTITY: LEAVE BLANK OR ENTER THE STANDARD PACK QUANTITY THAT THE ITEM COMES IN WHEN YOU WANT THE ISSUE QUANTITY TO BE COMPUTER ADJUSTED TO STANDARD PACK.

CHAPTER 6
SUPPLY MANAGEMENT - CENTRAL OPERATIONS

OUTDATED STORES STOCK DISPOSAL WORKSHEET

<u>WAREHOUSE ACTION:</u>	NON-CONTROLLED ITEM	CONTROLLED ITEM
INDEX NO. _____	U/I _____	DESCRIPTION _____
REMOVED FROM STOCK: DATE _____ BY _____ STORED _____		
MANUFACTURER _____	PRODUCT NO. _____	
LOT NO. _____	EXP. DATE _____	QUANTITY: _____
LOT NO. _____	EXP. DATE _____	QUANTITY: _____
GOOD QUANTITY LEFT IN STOCK _____		
<u>INVENTORY MANAGEMENT ACTION</u> BY _____		
PREPARE/PROCESS HHS-365: DATE _____	VOUCHER NO. _____	
PAMIQ _____	MONTHS SUPPLY ON HAND _____	MONTHS SUPPLY DUE IN _____
DUE IN QUANTITY: _____	DATE DUE: _____	P.O. NO. _____
EMERGENCY ACTION TAKEN: QTY OF _____ ORDERED FOLLOW UP ON DUE IN P.O. _____		
<u>PROCUREMENT ACTION: BY:</u> _____		
CONTACT VENDOR LETTER	TELEPHONE	RETURNABLE NON-RETURNABLE
PERSON CONTACTED _____	DATE _____	
EXCHANGE/REPLACE	AUTH.NO. _____	DATE _____ QV _____
CREDIT _____	AMOUNT _____	APPLY TO _____
METHOD OF RETURN: MAILED BY/PICKED UP BY _____ DATE _____		
THE ITEM(S) LISTED ON THIS WORKSHEET ARE OUTDATED AND ARE NOT RETURNABLE TO THE VENDOR FOR EXCHANGE OR CREDIT. APPROVAL FOR DESTRUCTION, SEE VOUCHER NO. _____		
SIGNATURE OF PROCUREMENT AGENT _____	DATE _____	DESTROYED BY _____ DATE _____
SIGNATURE SUPPLY SVC CTR DIRECTOR _____	DATE _____	WITNESS _____ DATE _____
WORKSHEET NO, _____		WITNESS _____ DATE _____

CHAPTER 6

SUPPLY MANAGEMENT - CENTRAL OPERATIONS

EOQ TABLE WORK SHEET

1. DEVELOPMENT OF COST RATIO FOR EOQ TABLE.

a. Ordering Costs. For the total inventory items involved, list the estimated annual costs (including accounting, ADP, and other applicable costs) for the following elements:

- (1) Reviewing the item _____
- (2) Preparing and processing the requisition or purchase request _____
- (3) Selection of a supplier (includes preparing and issuing price inquiries and receiving, tabulating, and evaluating quotations). _____
- (4) Preparing and processing the purchase order _____
- (5) Preparing and processing receiving reports _____
- (6) Receiving, inspecting, and storing stock _____
- (7) Posting receipts and stock _____
- (8) Preparing and processing payments _____
- (9) Other Order costs _____

Total Annual Ordering Costs _____

b. Cost for ordering an Item. Divide the Total Annual Ordering Costs obtained in 1 a by the total number of times these items were ordered during the year

Cost for Ordering an Item =

$$\frac{\text{Total Annual Ordering Costs}}{\text{Number of Times Items were Ordered during Year}}$$

c. Holding Costs. For the total inventory items involved, list the estimated annual costs (including accounting, ADP, and other applicable costs) for the following elements:

- (1) Taking physical inventory _____
- (2) Preparing and processing inventory adjustments _____

CHAPTER. 6

SUPPLY MANAGEMENT - CENTRAL OPERATIONS

- (3) Prevention of deterioration _____
- (4) Repairing and rewarehousing _____
- (5) Storage space (if applicable) _____
- (6) Interest on average annual investment (at 9.5% per year) _____
- (7) Annual inventory losses for excess, obsolescence, deterioration, loss, theft, damage _____
- (8) Other holding costs _____
- Total Annual Holding costs _____

d. Holding cost per Dollar of inventory. Divide the Total ~~Annual Holding cost~~ the average dollar value of inventory held for these items during the year and multiply by 100 to express as a percentage.

Holding Cost Per Dollar of Inventory =

$$\frac{\text{Total Annual Holding Costs}}{\text{Average Annual Inventory Dollar value}} \times 100$$

e. cost Ratio. Divide the cost for Ordering an Item in 1b by the building Cost Per Dollar of inventory obtained in 1d.

cost Ratio =

$$\frac{\text{Cost for Ordering an Item}}{\text{Holding a Cost Per Dollar of Inventory}}$$

CHAPTER 6
SUPPLY MANAGEMENT - CENTRAL OPERATIONS

INSTRUCTIONS FOR COMPLETING
AUTHORIZED STAFFING AND STORAGE SPACE AS OF _____

1. Enter Area name.
2. Enter Facility name. A separate sheet is to be prepared for each facility/location.
3. Enter net square feet of covered space and open (outside) space available for storage of supplies.
4. Use a separate line for each employee involved in-storage and distribution of supplies; management of supplies; purchasing of supplies.
 - a. Enter Position title of the employee.
 - b. Enter Series/Grade/Step of the employee.
 - c. Identify whether or not the employee is permanent (P) or temporary (T) employee.
 - d. Is the position currently vacant. Yes or No.
 - e. Enter annual salary of the employee and/or position, if vacant.
 - f. Break out the percent of time (man-years) and salary (cost) that the employee/position normally devotes to Storage and Distribution of supplies; management of supplies; and procurement of supplies.
Note : If an employee does not devote 100% of their time to supply functions, than the total should not be 1.0 man-years. Example: The SU Property & Supply Officers may only devote 50% of their **time** to supply and 50% to other functions (equipment, vehicles, quarters, etc.), in this case the report should only show a total of .5 man-years for that employee/position.

CHAPTER 6

AUTHORIZED STAFFING AND STORAGE SPACE AS OF

FACILITY:

SPACE (SQ. FT.) : COVERED:

OPEN:

[illegible]

INVENTORY ADJUSTMENT

6. LINE ITEM	FSC OR STOCK NO.	DESCRIPTION OR NOMENCLATURE	UNIT	UNIT COST	OVERAGE		SHORTAGE	
					QUAN.	TOTAL COST	QUAN.	TOTAL COST
	'335.0	Magaldrate Oral Suspension 12-oz	BT	2.20			10	22.00
		"Credit - 37"						
		TOTAL						

The item listed on this Adjustment Document is outdated. Every effort will be made to return the item to the vendor for exchange/replacement or credit. In the event the item is not returnable to the vendor, request approval to dispose of the item by destruction. Controlled items will be disposed of per DEA instructions. Refer to Worksheet N o . , dated

7. ACTION OF APPROVING AUTHORITY : *The line items deleted are to be listed on a Report-of-Survey. The remaining line items are approved for adjustment. (See Exhibit X-31A Instructions)*

Approving Official _____ Area Executive Officer _____
(Signature) (Title) (Date)

CHAPTER 6
SUPPLY MANAGEMENT - CENTRAL OPERATIONS

UNITED STATES GOVERNMENT

memorandum

DATE: _____

REPLY TO: Carl Albert Indian Hospital
ATTN OF: _____

SUBJECT: Transmittal of Station Issue Requests

7-o: Director
Central Supply Service Center
USPHS Indian Health Service
1005 N. Country Club Road
Ada, Oklahoma. 74820

Enclosed are the following Issue Books and HRS-413s from the Carl Albert Indian Hospital for the month of _____.

BOOK No.	DEPARTMENT	CONTRACT/ GRANT NO.	SUB ACT	CAN	USER CODE	SUB STA.	ENCLOSED
1.	Dental Clinic		02	3505002	068	01	_____
2;	Dietary		01	3500116	016	01	_____
3.	Housekeeping		01	3500111	011	01	_____
4.	Outpatient Clinic		01	3500146	046	01	_____
5.	Operating Room		01	3500155	055	01	_____
6.	Obstetrics Unit		01	3500156	056	01	_____
7.	X - R a y		01	3500150	050	01	_____
8.	Medical/Surgical Unit		01	3500140	040	01	_____
9.	Intensive Care Unit		01	3500138	038	01	_____
10.	Pharmacy Outpatient		01	3500120	020	01	_____
11.	Laboratory		01	3500151	051	01	_____
12.	Emergency Room		01	3500148	048	01	_____
13.	Anesthesia Department		01	3500154	054	01	_____
14.	Central Sterile Supply		01	3500119	019	01	_____
15.	Pharmacy Inpatient		01	3500120	020	01	_____
16.	Respiratory Therapy		01	3500157	057	01	_____

HRS-413s: Request Nos. _____ through _____.

SUPPLY OFFICIAL

DATE

CHAPTER 6
SUPPLY MANAGEMENT - CENTRAL OPERATIONS

B I N L A B E L

CONTROL NUMBER: 01285.8 (7520-558-1520)	
TAPE, Pressure Sensitive, Adhesive, 1/8" x	
72 yards long, Opaque, Yellow, Cellophane	
backing	
BULK LOC:	Unit of Issue: RL

BIN LABEL "A"

CONTROL NUMBER: 01285.8 (7520-558-1520)	
TAPE, Pressure Sensitive, Adhesive, 1/8" x	
72 yards long, Opaque, Yellow, Cellophane	
backing	
BULK LOC: A-25	Unit of Issue: RL

BIN LABEL "B"

NOTE: A bin label is always required. When a bulk location is necessary, Form PHS-4740-3, "Bulk Stack Record" is prepared, the location will be shown on the bin label as indicated on Bin Label "B" above.

CHAPTER 6
SUPPLY MANAGEMENT - CENTRAL OPERATIONS

Food Storage Guide for Schools and Institutions, Program Aid 11403, USDA, Food and Nutrition Service, 1975 - Part IV.

TEMPERATURE REQUIREMENTS

Table 5; based on current research findings, is a general guide for storing various types of foods. As used in Table S, "satisfactory" means this type of storage is acceptable. "Preferred" means this type of storage maintains quality of the product for a longer period of time. "Required" means that this type of storage is essential - there is no alternative to it.

TABLE 5 - General Temperature Guides for Storing Foods

Food	Dry storage (50°-70°F)	Refrigerated Storage (36°-40°F) 1/	Freezer Storage (0° or below)
DAIRY PRODUCTS			
Butter	.....	Satisfactory up to 2 weeks (Maximum 45°F)	Required over 2 weeks
Cheese, 'Natural	.....	Required (Maximum 45°F).	I.....
Cheese, Processed	.....	Required (Maximum 45°F).	.....
Milk, Canned	Satisfactory	Preferred	.....
Milk, Fluid Whole		Required (Maximum 45°F).	.....
Milk, Nonfat Dry	Satisfactory	Preferred.....	.....
EGGS			
Shell	.....	Required .....	.....
Dried	.....	Required .....	.....
Frozen	.....	.....	Required.....
MEAT AND MEAT PRODUCTS			
Frozen meats, such as Ground Beef; Hams and Shoulders; Pork Loins; Turkeys, etc.	.....	.....	Required.....
Cured Hams and Shoulders; Bacon; etc.	.....	Required.....	.....
Canned Hams	.....	Required .....	.....
Other Canned Meats such as Beef and Gravy	Satisfactory	Preferred .....	.....
Pork Luncheon Meat; Pork and Gravy; etc..			

1/ Although 36° to 45°F is acceptable, 36° to 40°F is presently considered the ideal temperature range.

Fish (fresh), maximum temp. 36°F up to 2 days, loosely wrapped.

Shellfish , " " " up to 5 days, in covered container.

CHAPTER 6

SUPPLY MANAGEMENT - CENTRAL OPERATIONS

TABLE 5 (Continued)

Food	Dry Storage (50° - 70° F)	Refrigerated Storage (36° - 40° F)	Freezer Storage (0° or below)
FATS AND OILS			
Cottonseed oil; Lard olive oil ; and Veg- etable Shortening	satisfactory	Preferred.....	.....
CANNED VEGETABLES			
Green Beans; Beets; carrots; Corn; Green Peas; Tomatoes Tomato Juicer Tomato Paste: -Tomato Puree; etc.	Satisfactory	Preferred .....	.....
CANNED FRUITS			
Orange Juice, Concen trated.	.....	Required .....	.....
Other canned fruits such as Apples; Apple Sauce; Apricots Blackberries ; Cher- ries ; Cranberry Sauce ; Figs ; Grape- fruit Sections ; Grapefruit Juice ; Peaches! Purple Plum (prunes); etc.	Satisfactory	Preferred.....	.....
FRESH VEGETABLES			
Onions	Satisfactory	Preferred.....	.....
Potatoes, Irish	Satisfactory	Preferred (minimum 40°F).	.....
Sweetpotatoes	Required (minimum 55 F).	.....*	.....
Other fresh vegetables such as Green Beans ; Beets ; Cabbage; Car- rots; Spinach; etc.	.....	Required.....	.....
FRESH FRUITS			
Apples; Peaches ; Pears ; Purple Plums ; etc.	.....	Required.....	.....
DRIED VEGETABLES			
Beans, High Moisture	satisfactory for 60 days	Required over 60 days .....	.....

1/ Although 36° to 45°F is acceptable, 36° to 40°F is presently considered the ideal temperature range.

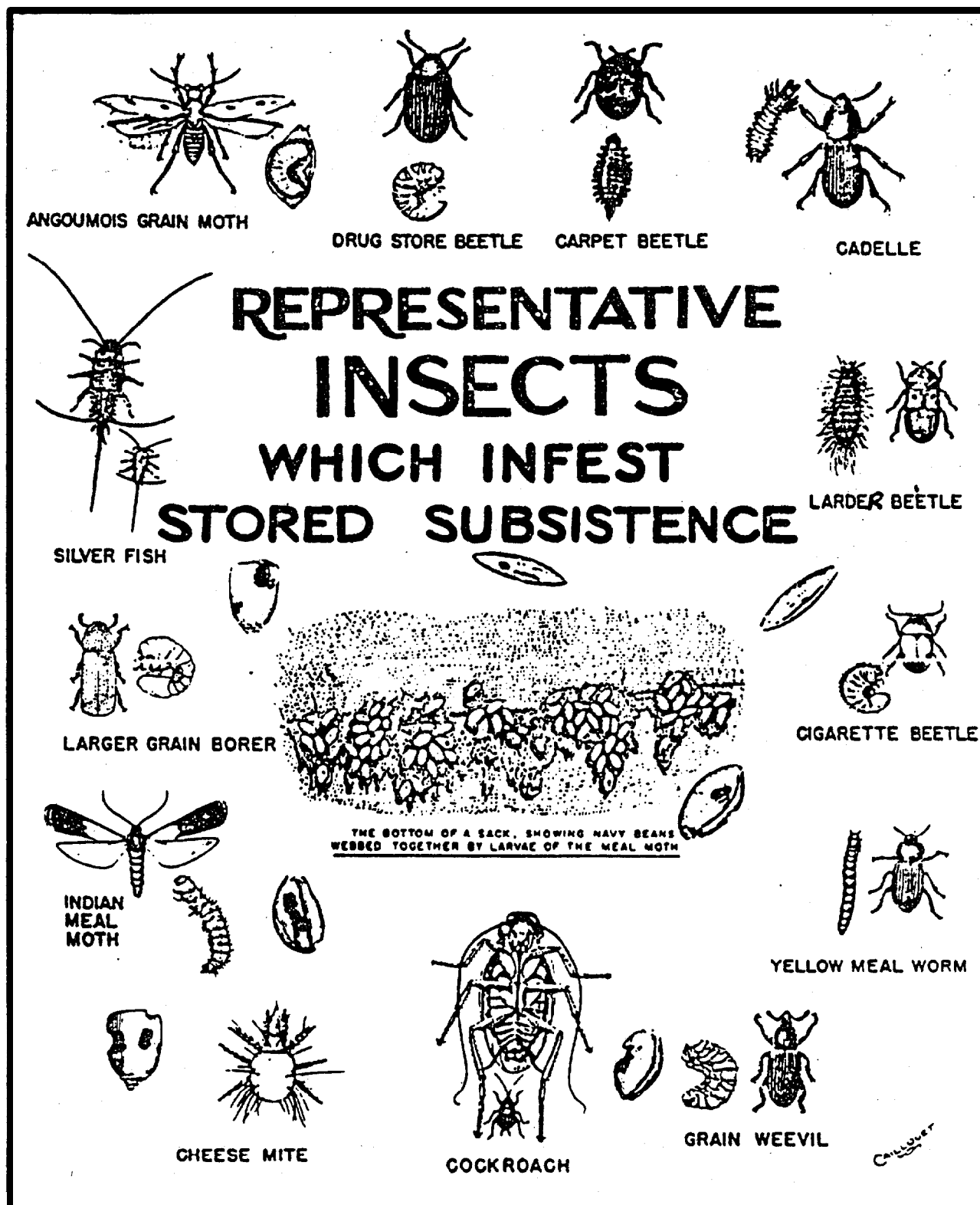
CHAPTER 6
SUPPLY MANAGEMENT - CENTRAL OPERATIONS

TABLE 5 (Continued)

Food	Dry Storage (50° - 70°F)	Refrigerated Storage (36° - 40°F) 1/	Freezer Storage (0° or below)
DRIED VEGETABLES (Cont'd)			
Beans, Low Moisture	Satisfactory	Preferred a.....	.....
DRIED FRUITS			
Apples, Apricots;	Satisfactory	Required over	.....
Peaches	for 2 weeks	2 weeks	.....
Figs, Prunes; Raisins	Satisfactory	Preferred.....	.....
etc.			
CEREAL PRODUCTS			
Regular Cornmeal;	satisfactory	Required over 60 days	.....
Whole Wheat Flour	for 60 days		
Degermed Cornmeal;	Satisfactory	referred.....	.....
All purpose and			
Bread Flour; Rice;			
etc.			
MISCELLANEOUS			
Honey	Satisfactory	.....	.....
Nuts		Required.....	.....
Peanut Butter	Satisfactory	referred.....	.....

1/ Although 36° to 45°F is acceptable, 36° to 40°F is presently considered the ideal temperature range.

CHAPTER 6
SUPPLY MANAGEMENT - CENTRAL OPERATIONS



Insects which infest stored subsistence.

CHAPTER 6
SUPPLY MANAGEMENT - CENTRAL OPERATIONS

RECEIVING AND INSPECTION REPORT CLAREMORE SERVICE UNIT RECEIVED FROM		METHOD OF ACQUISITION		DOCUMENT NUMBERS	
		<input checked="" type="checkbox"/> PURCHASED <input type="checkbox"/> RENTED <input type="checkbox"/> CONSTRUCTED <input type="checkbox"/> LOANED <input type="checkbox"/> DONATED <input type="checkbox"/> INVENTORY OVERAGE <input type="checkbox"/> (OTHER)		REPORT NO. P.O. NO. CLA-810P-0411 REQUISITION NO. Stores Stock TRANSFER AUTHORITY NO.	
NAME AND ADDRESS S/C Vendor's Address & Name ()		APPROPRIATION		CONTRACT NO.	
		"As Appropriate" ALLOTMENT For Your		VA or FSS or A0 JOB NO.	
POINT OF SHIPMENT		GEL NO.		OBJECTIVE CLASS	
				Station" Total \$1894.03	


ITEM NO.	DESCRIPTION (Include Terms of Acceptance on Loans, Donations, Etc.)	QUANTITY	UNIT	UNIT PRICE	AMOUNT
1.	6505-00-106-7395A, Propanolol Tabs. 10 MG. (07041.6 - 600-BT) Exp. <u>7/82</u>	600	BT	2.97	1782.00
2.	6505-00-607-3663, Nitroglycerin Tabs (07453.5 - 200-BT) Exp. <u>10/82</u>	200	BT	.56	112.00
<p style="font-size: 2em; transform: rotate(-10deg);">2nd & Final Part 1</p>					

CERTIFICATE OF RECEIPT I HEREBY CERTIFY THAT ALL ITEMS LISTED ABOVE WERE RECEIVED, INSPECTED AND ACCEPTED. <div style="display: flex; justify-content: space-between;"> <div> <u>Joe Snuffy</u> (Signature of Consignee) </div> <div> <u>4/13/81</u> (Date Goods Were Received) </div> </div>	INSPECTOR'S CERTIFICATE <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> COMPLETE <input type="checkbox"/> OVER </div> <div> <input type="checkbox"/> PARTIAL <input type="checkbox"/> SHORT </div> <div> <input checked="" type="checkbox"/> FINAL <input type="checkbox"/> DEFECTIVE MATERIAL </div> </div> (USE REVERSE FOR COMMENTS)
--	---

PROCUREMENT OFFICE COPY

OPTIONAL FORM 127 (EFFECTIVE 10/1/75)
 JANUARY 1975
 STATE AID USA
 8-04-0230
 TN 86.4

CHAPTER 6
SUPPLY MANAGEMENT - CENTRAL OPERATIONS

ORDER FOR SUPPLIES OR SERVICES				PAGE 1 OF 1 PAGES		
IMPORTANT: Mark all packages and papers with contract and/or order numbers.						
1. DATE OF ORDER 1-9-85		2. CONTRACT NO. (if any)		3. N		
4. REQUISITION/REFERENCE NO. 5-540117		5. SHIP TO: (Consignee and address, ZIP Code) PHS Indian Hospital Claremore, OK 74017				
6. ISSUING OFFICE (Address correspondence to) PHS Indian Hospital Claremore, OK 74017		SHIP VIA: Best Method				
7. TO: CONTRACTOR (Name, address and ZIP Code) (4) VA P.O. Box 27 Hines, Illinois (Zip Code)				8. TYPE OF ORDER <input type="checkbox"/> A. PURCHASE - Reference your _____ <input checked="" type="checkbox"/> B. DELIVERY - Except for billing instructions on the reverse, this delivery order is subject to instructions contained on this side only of this form and is subject to the terms and conditions of the above-numbered contract.		
9. ACCOUNTING AND APPROPRIATION DATA As appropriate for your location.				10. REQUISITIONING OFFICE Supply Inv. Dec. Req. Report		
11. BUSINESS CLASSIFICATION (Check appropriate box(es)) <input type="checkbox"/> SMALL <input checked="" type="checkbox"/> OTHER THAN SMALL <input type="checkbox"/> DIS-ADVANTAGED <input type="checkbox"/> WOMEN-OWNED						
12. F.O.B. POINT Claremore, OK		14. GOVERNMENT B/L NO.		15. DELIVER TO F.O.B. POINT ON OR BEFORE (Date) March 9, 1985		
13. PLACE OF INSPECTION AND ACCEPTANCE Claremore, OK		16. DISCOUNT TERMS				
17. SCHEDULE (See reverse for Rejections)						
ITEM NO (A)	SUPPLIES OR SERVICES (B)	QUANTITY ORDERED (C)	UNIT PRICE (D)	UNIT PRICE (E)	AMOUNT (F)	QUANTITY ACCEPTED (G)
(1)	6505-00-106-7395A, Propranolol Tabs - 10 MB (07041.6 - 600 BT) Exp. _____	600	BT	2.97	1782.00	3/0
(2)	6505-00-450-5610A, Gentamicin Sulfate Inj F (07339.3 - 700 VI) Exp. 3-86	700	VI	3.46 3.44	2422.00 2387.00	700
(3)	6505-00-607-3663, Nitroglycerin Tabs 1/150 Gr. (07453.5 - 400 BT) Exp. P-86 200	400	BT	.56	224.00 113.00	200
(4)	6505-00-933-8704A, Furosemide Inj 10 MG/ML (07304.0 - 700 AM) Exp.	700	AM	75	525.00	CANCELLED
(5)	6505-01-046-0126A, Narroxen Tabs 150 MG (08750.0 - 60 BT) Exp. E-86	60	BT	77.40 78.71	4644.00 4711.60	60
1ST PARTIAL						
11. SHIPPING POINT		18. GROSS SHIPPING WEIGHT		19. INVOICE NO.		7(H). TOT. (Cont. pages)
21. MAIL INVOICE TO: (Include ZIP Code) Financial Mgt. Branch, Okla. City				7178.00 39640.60		17(I). GRAND TOTAL
22. UNITED STATES OF AMERICA BY (Signature) 				23. NAME (Typed) Joe Service Purchasing Agent TITLE: CONTRACTING/ORDERING OFFICER		

CHAPTER 6

SUPPLY MANAGEMENT- CENTRAL OPERATIONS

PURCHASE ORDER TERMS AND CONDITIONS

52.252-2. CLAUSES INCORPORATED BY REFERENCE

(Apr 84) - This contract incorporates the following clauses by reference with the same force and effect as if they were given in full text Upon request the Contracting Officer will make their full text available

FEDERAL ACQUISITION REGULATION 48 CFR CHAPTER 1 CLAUSES

52.203-1	Officials Not to Benefit (Apr 84)
52.2033	Gratuities (Apr 84)
52.203-4	Covenant Against Contingent Fees (Apr 84)
52.212-9	Variation in Quantity (Apr 84) (In the preceding clause, the permissible variations are stated in the schedule)
52.222-3	Convict Labor (Apr 84)
52.222-4	Contract Work Hours and Safety Standards Act—Overtime Compensation—General (Apr 84)

52.222-26	Equal Opportunity (Apr 84)
52.22236	Affirmative Action for Handicapped Workers (Apr 84)
52 222.40	Service Contract Act of 1965--Contracts of \$2500 or Less (Apr 84)
52 222.4 1	Service Contract Act of 1965 (Apr 84)
52 225.3	Buy American Act-Supplies (Apr 84)
52.232-1	Payments (Apr 84)
52 232.8	Discount- for Prompt Payment (Apr 84) (With Alternate 1)
52 233-1	Disputes (Apr 84)
52.243-1	Changes -- Fixed Price (Apr 84)
52.249-1	Termination for Convenience of the Government (Fixed Price) (Short Form) (Apr 84)

NOTE -If desired, this order (or a copy thereof) may be used by the Contractor as the Contractor's invoice, instead of a separate invoice. provided the following statement, (signed and dated) is on (or attached to) the order "Payment is requested in the amount of \$ _____. No other invoice will be submitted." However, if the Contractor wishes to submit an invoice, the following information must be provided: contract number (if any), order number, item number(s), description of supplies or services, sizes, quantities, unit prices, and extended totals. Prepaid shipping costs will be indicated as a separate item on the invoice Where shipping costs exceed \$10 (except for parcel post), the billing must be supported by a bill of lading or receipt. When several orders are invoiced to an ordering activity during the same billing period, consolidated periodic billings are encouraged.

RECEIVING REPORT

Quantity in the "Quantity Accepted" column on the face of this order has been ☒ inspected, ☒ accepted, ☒ received by me and conforms to contract. Items listed below have been rejected for the reasons indicated.

SHIPMENT NUMBER	PARTIAL	157	DATE RECEIVED	SIGNATURE OF AUTHORIZED U.S. GOV'T. REP.	DATE
	FINAL		1-17-85	Joe Saffelt	1-17-85
TOTAL CONTAINERS	GROSS WEIGHT		RECEIVED At	TITLE	
6	150 #		CLAREMORE	Receiving Agent	

REPORT OF REJECTIONS

[illegible]

CHAPTER 6
SUPPLY MANAGEMENT - CENTRAL OPERATIONS

CLAREMORE S. U.

DOCUMENT IDENTIFICATION													P.O. CLA-81-P-0217	
1 DOC IDEN	2 WHITING IDEN	3 M S	DOCUMENT NUMBER		13 U M	14-15 SUPPLEMENTARY ADDRESS	16 S C	17 FUND	18 DISTRICT SECTION	19 PROJECT	20 PRI ORITY	21 DELIVER DATE	SIGNATURE (If required)	
4 3	5 4-6	6 7	8-10 REQUISITIONER	11 DATE	12 44	13 45-50	14 51	15 52-53	16 54-56	17 57-59	18 60-61	19 62-64	Joe Service Purchasing Agent	
"AS APPROPRIATE FOR YOUR AREA"														
REQUISITION DATA													NOTE: Entries in shaded blocks may be in either tk FIXED (F) or VARIABLE (V) sections - NEVER in both.	
STOCK NUMBER			7 UNIT OF ISSUE	8 QUANTITY	9 SERIAL	10-11 SUPPLEMENTARY ADDRESS	12 S C	13 FUND	14 DISTRICT SECTION	15 PROJECT	16 PRI ORITY	17 DELIVER DATE	22 REMARKS	
4 15C	5 MIN	6 ADD TIONAL	7 23-24	8 25-29	9 40-43	10-11 45-50	12 51	13 54-56	14 57-59	15 60-61	16 62-64	17 65-66		
8-11	12-20	21-22	23-24	25-29	40-43	45-50	51	54-56	57-59	60-61	62-64	65-66		
7530	00-633-9743		BX	00001	0001								Paper Plate 10 1/2" @ 18.40/Bx 18.40 (09344.0 - 5-HD)	
- t - t														
8105	00-655-8285		BX	00040	0002								Bag, Plastic @ 9.10/Bx 364.80 (16911.6 - 40-BX) 182.00	
20														
8530	00-290-2920		EA	00300	0003								Toothbrush, Adult @ .10/EA 30.00 (06461.0 - 300-EA) C.A. (C.H.L.L.E.)	
8540	00-900-4091		BX	00005	0004								Tissue, Facial 50's @ 16.90/Bx 79.50 (00925.7 - 1000-BX) B/C	
1st Plastic														
"APPROPRIATE APPROPRIATE ACCOUNT NG AND AP PROPIATION CODES"														
- P - t - t														
Item #1 18.40 125.9 26.9A													CERTIFICATION OF RECEIPT	
"I certify the above listed supplies have been received."													Name Joe Service	
" #2 18.40 125.9 26.9J													Title Supply Tech	
" #3 30.00 125.9 26.9Z													Date 9/23/81	
" #4 79.50 125.2 26.9A														
81-04-122														

CHAPTER 6
SUPPLY MANAGEMENT - CENTRAL OPERATIONS

STANDARD FORM 24A
JUNE 1964

U.S. GOVERNMENT

PURCHASE ORDER-INVOICE-VOUCHER

DATE OF ORDER 4/3/81	CHDLA NO. SP-417842
PRINT NAME AND ADDRESS OF SELLER (NUMBER, STREET, AND STATE) JOE'S PLUMBING SUPPLY CO. 1140 PLUNGER LANE ANY TOWN, U.S.A. (ZIP CODE)	
FURNISH SUPPLIES OR SERVICES TO (NAME AND ADDRESS) U.S.P.H.S. INDIAN HOSPITAL CHARRMORE, OKLAHOMA 74017	

SUPPLIES OR SERVICES	QUANTITY	UNIT PRICE	AMOUNT
Elbow, Copper, 90° 3/4"	12 ea	1.80/ea	21.60
Tubing, Copper, 3/4"	20 ft.	1.00/ft.	20.00
"NO OTHER ITEMS FOLLOW"			
			41.60
		NO TX	.00

AGENCY NAME AND BILLING ADDRESS AREA FINANCIAL MGT. BRANCH OKLAHOMA CITY OKLA (ZIP CODE)	TOTAL 41.60 DISCOUNT TERMS 2% 30 DAYS DATE INVOICE RECEIVED
--	--

ORDERED BY (SIGNATURE AND TITLE)

Joe Service, Purchasing Agent
PURPOSE AND ACCOUNTING DATA
Project # 0414

"AS APPROPRIATE FOR YOUR AREA"

PURCHASER-To sign below for over-the-counter delivery of items

RECEIVED BY <i>Joe Service</i>	DATE 4/4/81
TITLE <i>Supply Technician</i>	
SELLER-Please read instructions on Copy 2	

<input type="checkbox"/> PAYMENT RECEIVED \$	<input checked="" type="checkbox"/> PAYMENT REQUESTED \$ 41.60
NO FURTHER INVOICE NEED BE SUBMITTED	

SELLER BY <i>Joe Pipelitter</i>	DATE 4/4/81
------------------------------------	-----------------------

I certify that this account is correct and will be for payment in the amount of

\$

DIFFERENCES

ACCOUNT VERIFIED:
CORRECT FOR

(AUTHORIZED CERTIFYING OFFICER)

BY

PAID BY <input type="checkbox"/> CASH	DATE PAID
OR	

VOUCHER NO.

81-04-0312

PLEASE INCLUDE
ZIP CODE

1. SELLER'S INVOICE
(See Instructions on Copy 2)

CHAPTER 6
SUPPLY MANAGEMENT - CENTRAL OPERATIONS

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
PROPERTY ACTION REQUEST TO SUPPLY OFFICER

(1) REQUESTING OFFICE							DATE OF THIS REQUEST		
Phoenix, Indian Medical Center							1-25-185		
(2) ACTION REQUESTED (Check one)									
<input type="checkbox"/> TRANSFER <input type="checkbox"/> TURN IN <input checked="" type="checkbox"/> RECEIPT <input type="checkbox"/> DISPOSITION INSTRUCTIONS									
TO BE COMPLETED BY SUPPLY PERSONNEL									
ITEM NO. OR STOCK NO. (if available) (3)	DESCRIPTION (4)	QUAN- TITY (5)	UNIT (6)	CONDI- TION (7)	EST. UNIT COST (8)	UNIT COST (9)	TOTAL COST (10)	ACTIC CODE (11)	
08148.5	Fluocinonide Ointment 0.051 30 CM (Lidex) Exp. Date: 12/85	37	TU			3.77	139.49		
02074.5	Beans, Green, #10 Can	21	CN			1.89	39.69		
01109.6	Electrode, ECG Adult Pre-jel led	11	BX			4.40	58.40		
<u>Account i nq Data</u> Item 1 125.1 26.21 \$139.49 Item 2 125.3 26.71 \$ 39.69 Item 3 125.2 26.4A \$158.40									

(12) EXPLANATION OF ACTION REQUESTED:

Code 26 - Receipt of Excess Supplies from Phoenix VA Medical Center Source Code

(13) SIGNATURE OF INITIATOR		(14) SIGNATURE OF RECEIVING OFFICIAL	
/s/ Joe Snuffy, Supply Tech.		/s/ Joe Responsible, Custodial Officer	
(15) CUSTODIAL FILE UPOATLO INITIALS OF ACCOUNTABLE OFFICER - DATE		(16) CUSTODIAL FILE UPDATED INITIALS OF ACCOUNTABLE OFFICER - DATE	
(17) SIGNATURE OF ACCOUNTABLE OFFICER		(18) DATE	(19) PROPERTY VOUCHER
		1-25-85	85-01-0149

CHAPTER 6

SUPPLY MANAGEMENT - CENTRAL OPERATIONS

REQUEST FOR NEW STORE STOCK ITEM

New Item Request _____

STATION: _____ REQUESTING DEPT: _____ D A T E : _____

GENERIC DESCRIPTION: _____

TRADE NAME: _____ VENDOR: _____

VENDOR'S ORDER NUMBER: _____ VENDOR'S PURCHASE UNIT: _____

VENDOR'S UNIT COST: _____ EST. ANNUAL COST: _____

SUGGESTED UNIT OF ISSUE: _____ EST. USAGE: ANNUAL _____ MONTHLY _____

LIST SIMILAR ITEM(S) CURRENTLY IN STORES: _____

WHAT EFFECT WILL NEW ITEM HAVE UPON OTHER STORE STOCK? _____

WHAT EQUIPMENT WILL THIS SUPPLY ITEM BE USED WITH (BE SPECIFIC)? _____

JUSTIFICATION OF REQUEST: _____

SIGNATURE OF REQUISITIONER: _____ DATE: _____

SIGNATURE OF S.U. STANDARDIZATION COMMITTEE CHAIRMAN:
(DIR. OF MATERIEL MGMT. OR SUPPLY DEPT. SUPERVISOR IF COMMITTEE IS NONEXISTANT)

FUNDS AUTHORIZATION: I authorize the Area Financial Management Branch to transfer funds in the amount of \$_____ from our Service Unit budget to the SSC budget. (Calculate amount by multiplying monthly usage X Unit Price X Number of months remaining in current fiscal year).

DATE_____
SERVICE UNIT DIRECTOR/ADMINISTRATIVE OFFICER

(Refer to reverse side for Supply Service Center Action.)

CHAPTER 6SUPPLY MANAGEMENT - CENTRAL OPERATIONSTHIS SECTION FOR SIX USE ONLY

ITEM APPROVED FOR ADDITION TO STORES STOCK? YES _____ NO _____

IF **NO**, LIST REASONS: _____

SIGNATURE OF AREA SUPPLY COORDINATOR: _____ DATE: _____

TO BE COMPLETED BY SSC - INVENTORY MANAGEMENT UNIT

SOURCE CODE: . _____ ACCOUNT CODE: _____ OBJECT CLASS CODE: _____

STATION UNIT OF ISSUE: _____ UNIT COST: _____ PHARMACY CODE: _____

LEAD TIME- _____ REVIEW POINT QUANTITY: _____ PAMIQ: _____

STORAGE LOCATION CODE: _____ TYPE CODE: _____

EOQ MOD. MONTHS: _____ EOQ MOD QUANTITY: _____ ACTION MONTH: _____

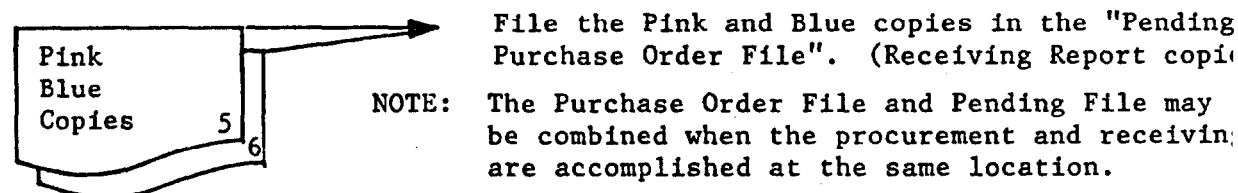
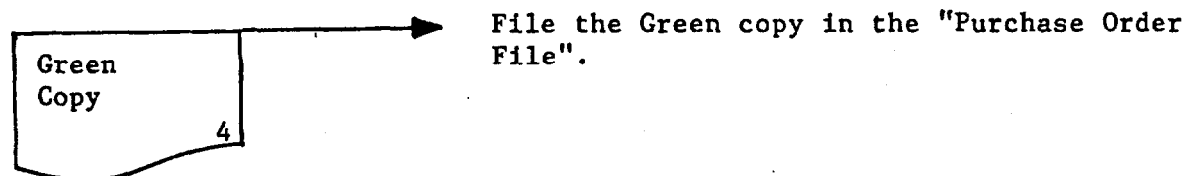
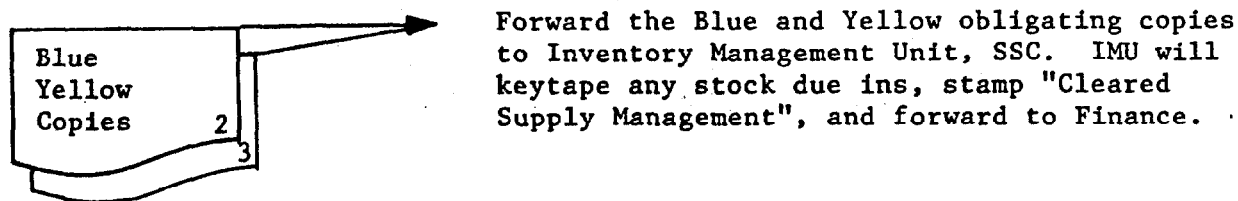
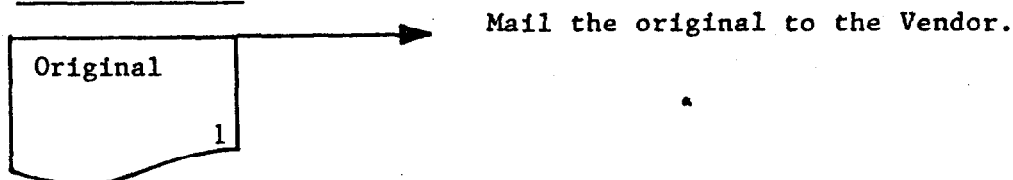
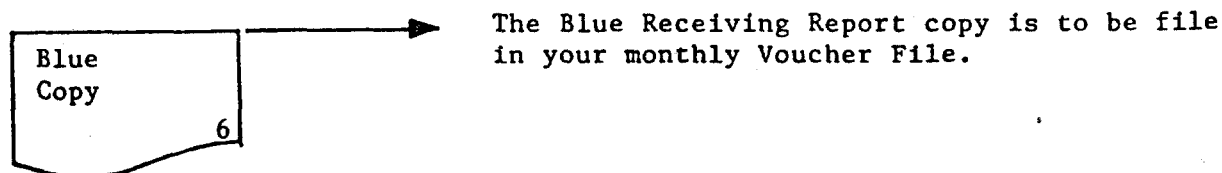
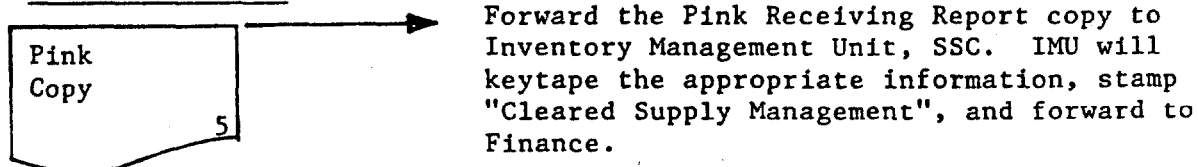
INDEX NUMBER ASSIGNED: _____ DATE: _____

SIGNATURE OF SSC SUPPLY OFFICIAL: _____

CHAPTER 6
SUPPLY MANAGEMENT - CENTRAL OPERATIONS

FLOW CHART

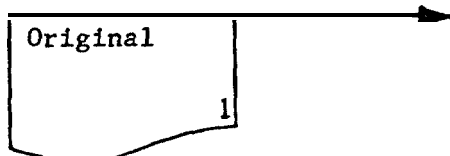
DISTRIBUTION - OF-347, ORDER FOR SUPPLIES OR SERVICES

PURCHASE ORDERRECEIVING REPORT

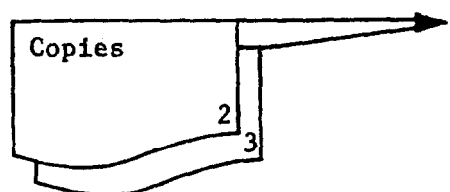
CHAPTER 6
SUPPLY MANAGEMENT - CENTRAL OPERATIONS

FLOW CHART

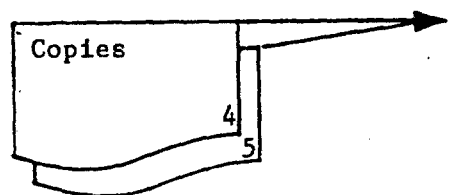
DISTRIBUTION - SF-344, FED-STRIP ORDER

PURCHASE ORDER

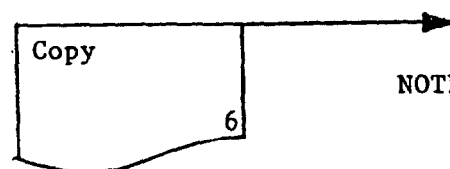
Mail the Original to GSA.



Mark copies 2 and 3 "Obligating Copies and forward to Inventory Management Unit, SSC. IMU will **keytape** any stock due ins, stamp "Cleared Supply Management", and forward to Finance.

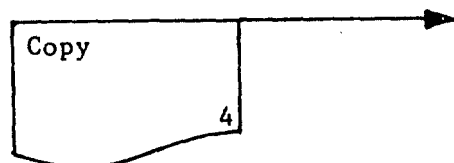


File copies 4 and 5 in the "Pending Purchase Order File". (Receiving Report copies)

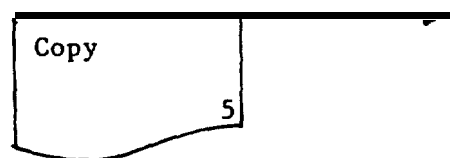


File the number 6 copy in the "Purchase Order File".

NOTE: The Purchase Order File and Pending File may be combined into one file when the procurement and receiving are accomplished at the same location.

RECEIVING REPORT

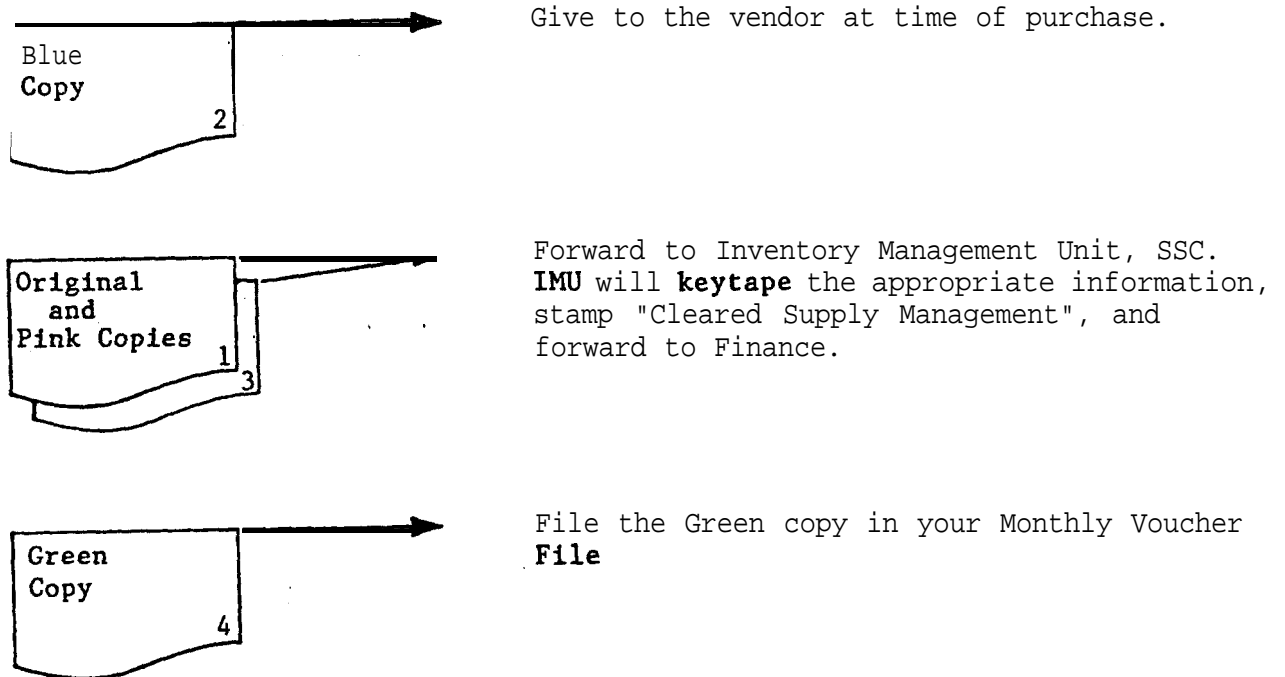
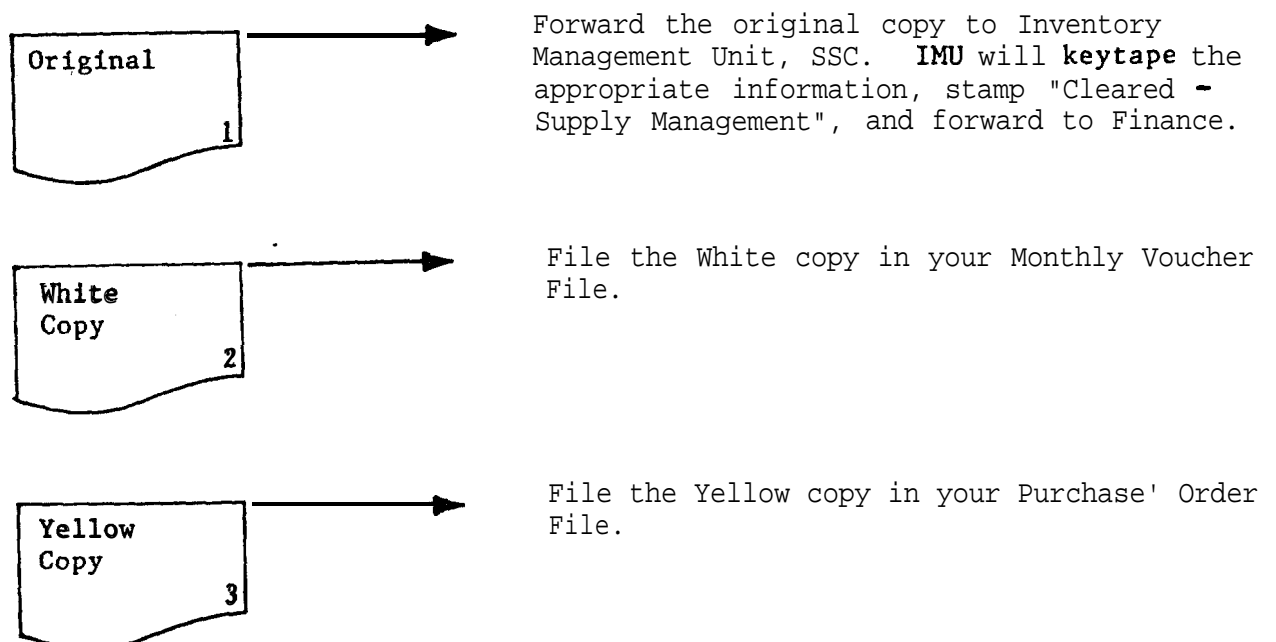
Forward the number 4 Receiving Report copy to Inventory Management Unit, SSC. IMU will **keytape** the appropriate information, stamp "Cleared Supply Management", and forward to Finance.



The number 5 Receiving Report copy is to be filed in your monthly Voucher File.

CHAPTER 6
SUPPLY MANAGEMENT - CENTRAL OPERATIONS

FLOW CHART

DISTRIBUTION - SF-44a, "PURCHASE ORDER - INVOICE - VOUCHER"DISTRIBUTION - OF-127, RECEIVING AND INSPECTION REPORT

CHAPTER 6

SUPPLY MANAGEMENT - CENTRAL OPERATIONS

UNITED STATES GOVERNMENT

memorandum

DATE:

REPLY TO:
ATTN OF:Property 6 Supply Officer
B 4 C Service Unit

SUBJECT:

Cupboard Stock/Department Review Schedule for FY-87

TO: See Below:

The subject supply reviews as required by IHS Supply Manual, S-6.4Y, for Fiscal Year 87 are as follows:

	<u>Formal Reviews</u>	<u>Informal Reviews</u>
Dental	10-6-86 & 4-6-87	1-5-87 & 7-6-87
Pharmacy	1-6-87 & 7-7-87	10-7-86 & 4-7-87
Dietary	10-8-86 & 4-8-87	1-7-87 & 7-8-87
OPD	1-13-87 & 7-14-87	10-14-86 & 4-14-87
ADM	10-15-86 & 4-15-87	1-14-87 & 7-15-87
CSR	1-15-87 & 7-16-87	10-16-86 & 4-16-87
Med. Ward	10-17-86 & 4-17-87	1-16-87 & 7-17-87

/s/ Joe Service

cc: SUD

A0

Dept. Chiefs

SSC Director

SUPPLY DISPOSAL LOG

[illegible]

ACTION CODE: 1 - Returned for Exchange/Replacement
2 - Returned for Credit
3 - Destroyed - Item not Returnable

CHAPTER 6
SUPPLY MANAGEMENT - CENTRAL OPERATIONS

INVENTORY ADJUSTMENT

1. PROPERTY ACCOUNT					3. VOUCHER NUMBER			
125.1 - Debit					86-03-0242			
2. ACCOUNTABLE OFFICER					4. DATE			
Steven K. Halstead					3-18-86			
6. LINE ITEM	FSC OR STOCK NO	DESCRIPTION OR NOMENCLATURE	UNIT	UNIT COST	OVERAGE		SHORTAGE	
					QUAN	TOTAL COST	QUAN	TOTAL COST
	7480.2	Parazosin, HCL, Capsules, 1 MG, 250's	BT	32.24	10	322.40		
		"Debit 27"						
TOTAL								

6. REMARKS:

The above item(s) are being provided by _____ (vendor name)
as replacement/exchange for returned outdated items. Refer to
Worksheet No(s). _____

Preparing Official

Receiving Agent (Signature)

(Date)

7. ACTION OF APPROVING AUTHORITY : The line items deleted are to be listed on a Report-of-Survey. The remaining line items are approved for adjustment. (See Exhibit X-31A Instructions)

Approving Official

(Signature)

(Title)

(Date)

CHAPTER 6

SUPPLY MANAGEMENT - CENTRAL OPERATIONS

SERVICE UNIT SUPPLY MANAGEMENT REVIEW DOCUMENT

SERVICE UNIT: _____

DATE OF REVIEW: _____

REVIEW CONDUCTED BY:

NAME	TITLE
------	-------

NAME	TITLE
------	-------

SERVICE UNIT CONTACTS:

NAME	TITLE
------	-------

NAME	TITLE
------	-------

NAME	TITLE
------	-------

NAME	TITLE
------	-------

NAME	TITLE
------	-------

NAME	TITLE
------	-------

NAME	TITLE
------	-------

NAME	TITLE
------	-------

CLOSEOUT CONDUCTED WITH:

NAME	TITLE
------	-------

NAME	TITLE
------	-------

NAME	TITLE
------	-------

INDEX

SERVICE UNIT SUPPLY MANAGEMENT REVIEW DOCUMENT

- A. . Organization
- B. Staffing
- C. Orientation/Training
- D. Supply Budget
- E. Manuals/Handbooks/Circulars, etc.
- F. Receiving Reports
- G. Stores Stock Issues
- H. Document Files and Records
- I. Outdated/Deteriorated/Overstock Supplies
- J. Supply Reports
- K. Review of Storeroom/Cupboard Stocks
- L. Line Items Requested Off-Schedule
- M. Direct Issues Versus Stock Issues
- N. Department/Cupboard Stock Reviews

A. ORGANIZATION

1. Is an organization chart available?

Comment : _____

2. Does the organization chart indicate any overlapping or duplicative activities?

Comment : _____

3. Is there a distinct division of responsibility insofar as purchasing, fund control, approving requisitions, and receiving are concerned?

Comment : _____

4. Does the organization provide for employee advancement?

Comment : _____

5. Are there dead-end positions in the organization?

Comment : _____

6. What changes are recommended in the organization?

Comment : _____

CHAPTER 6

SUPPLY MANAGEMENT - CENTRAL OPERATIONS

B. STAFFING

1. List employees involved in the Service Unit Supply Program.

<u>Name</u>	<u>Title/Series/Grade</u>	<u>% of Time</u>

2. Is the staffing adequate for the workload?

Comment : _____

3. Are employees trained to provide backup, i.e., if an employee is on leave, can someone else fill in?

Comment : _____

4. What changes in staffing, series or grades are recommended?

Comment : _____

ER
SUPPLY MANAGEMENT - C&AL OPERATIONS

C. ORIENTATION/TRAINING

1. Is the supply staff adequately trained to perform their duties?

Comment : _____

2. What additional training is recommended?

Comment : _____

3. Are training sessions held for Service Unit personnel on a regular basis?

Comment : _____

4. Is supply orientation provided to all new employees within the Service Unit?

Comment : _____

5. Does the Property and Supply Officer participate in Service Unit Staff Meetings?

Comment : _____

CHAPTER 6**SUPPLY MANAGEMENT - CENTRAL OPERATIONS**

D. SUPPLY BUDGET

1. Does the Property and Supply Officer have input into the Service Unit supply budget?

Comment : _____

2. Is there a separate budget for stores stock and direct issues and is the Property and Supply Officer advised of the operating budget?

Comment: _____

3. Does the Property and Supply Officer monitor the Service Unit supply budgets?

Comment : _____

4. Does the Property and Supply Officer utilize and review ADP Budget type reports with appropriate Service Unit Personnel?

C o m m e n t : _____

E. MANUALS/HANDBOOKS/CIRCULARS, ETC.

1. Is the IHS Supply Management Manual available and kept current?

Comment : _____

2. What type of Service Unit operating procedures have been developed?

Comment : _____

3. Are Service Unit operating procedures kept current?

Comment : _____

4. Are there any conflicts in Service Unit procedures as compared to higher policies and procedures?

Comments: _____

5. Are the policies and regulations outlined in the FPMR, MMM, IHS, etc., being followed?

Comments : _____

6. Are changes needed in the IHS Supply Management Manual?

Comment : _____

CHAPTER 6**SUPPLY MANAGEMENT - CENTRAL OPERATIONS**

F. RECEIVING REPORTS

1. Are "Pending Purchase Orders" and "Completed Purchase Orders" filed and maintained in accordance with prescribed procedures?

Comment : _____

2. Are items checked in and delivered to requisitioner, receiving report completed and forwarded to Area Supply Service Center within 24 hours after receipt of the item?

Comment : _____

3. Are items checked in and receipted for by the Designated Receiving Agent?

Comment : _____

4. Are Direct Issue Items being receipted for by an individual designated to receipt for supplies at point of use?

Comment : _____

CHAPTER 6

SUPPLY MANAGMBNT - CBNTRAL OPERATIONS

G. STORES STOCK ISSUES

1. Are Issue Books being properly completed, i.e., cupboard,stock inventories taken, order quantities based on the difference between user levels and on hand quantities?

Comment : _____

2. Are issue request documents being reviewed by the Service Unit Property and Supply Section prior to submission to Area Supply Service Center?

Comment : _____

3. Are emergency/urgent issue requests to SSC being processed by the Service Unit Property and Supply Section and do they contain adequate justification?

Comment : _____

4. Are supplies received from SSC being checked in and receipted for properly?

Comment: _____

5. Are off-schedule issue request documents being properly completed and justified?

Comment: _____

H. DOCUMENT FILES AND RECORDS

1. Are supply documents being vouchered and forwarded to the Area Supply Service Center within 24 hours after receipt of supplies?

Comment : _____

2. Are property vouchers filed and maintained in accordance with established procedures?

Comment : _____

3. Are supply documents reviewed for proper signature, accounting data, correct quantity, price, etc., prior to being forwarded to Area?

Comment : _____

4. Are unrequired documents being maintained?

Comment : _____

5. Is there a smooth flow of documents?

Comment : _____

6. Are proper records and files being maintained on "Controlled Items"?

Comment : _____

I. OUTDATED/ DETERIORATED/ OVERSTOCKED SUPPLIES

1. Are there any outdated / deteriorated/ overstocked/ unusable/ unneeded supplies in the storeroom?

Comment : _____

2. Are proper procedures being followed on disposal/return of outdated items?

Comment : _____

3. Are proper procedures being followed on disposal/return of deteriorated/unusable items?

Comment : _____

4. Are proper procedures being followed on transfer/return of overstocked/unneeded items?

Comment : _____

J. SUPPLY REPORTS

1. Are reports properly filed and maintained?

Comment : _____

2. Is Report No. 10, Monthly Voucher Summary Report, checked against the voucher register each month and appropriate corrective action taken on differences found?

Comment : _____

3. Does the supply staff need Additional training on the use of the ADP Supply Reports?

Comment : _____

4. Are appropriate Supply Reports reviewed with the Administrative Officer/SUD each month?

Comment : _____

5. Are reports requested by area office prepared accurately and submitted on time?

Comment : _____

CHAPTER 6
SUPPLY MANAGEMENT - CENTRAL OPERATIONS

K. REVIEW OF STOREROOMS / CUPBOARD STOCKS

1. Storeroom

- a. Does any unsafe condition exist in the storeroom?

Comment : _____

- b. Does the storeroom layout and storage techniques provide for efficient utilization of space?

Comment : _____

2. Cupboard Stocks

- a. A review for outdated/overstocked supplies, proper space utilization, and to identify any supply problems was made of the following departments/cupboard stocks.

(1) _____

(2) _____

(3) _____

- b. Findings/Comments: _____
-
- _____
-
- _____
-
- _____
-
- _____

3. Is proper security/controls maintained on all supply storage locations?

Comment : _____

L . LINE ITEMS REQUESTED OFF-SCHEDULE - SUPPLY STANDARD NO. 1

Percent of the total line items requested from the Area Supply Service Center that were requested off-schedule.

- 1. Purpose : To reduce stock outages at the point of use and to improve management of cupboard stock inventory levels.
- 2. Performance Levels
 - 0 - 10% = Substantially Exceeds
 - 11 - 15% = Exceeds
 - 16 - 20% = Meets
 - 21- 25% = Partially Meets
 - 26 - 100% = Fails to Meet

3. Percent Request Off-Schedule

	As of	As of	As of
Total line items requested			
No. requested off schedule			
No requested off schedule			
Comments:			

M. DIRECT ISSUES VERSUS STOCK-ISSUES - SUPPLY STANDARD NOS. 2-7

Percent of the total supply usage (value of direct issues plus issues from SSC) by category for sub-sub activity 01 that is acquired by direct issue purchases.

1. PURPOSE To provide better supply support to the using activities; reduce manual supply records being maintained; reduce storage space needs at the point of use; reduce the number of purchase orders being processed; and to improve supply accountability by placing recurring use items into the inventory system.

2. Standard No. 2 - Drugs (excludes Blood)

- a. Performance Levels.

0 - 14% = Substantially Exceeds

15 - 19% = Exceeds

20 - 24% = Meets

25- 29% = Partially Meets

30 - 100% = Fails to Meet

- b. Drugs

	As of	As of	As of
	<hr/>	<hr/>	<hr/>
Stock Issue Value	<hr/>	<hr/>	<hr/>
Direct Issue Value	<hr/>	<hr/>	<hr/>
Total Issue Value	<hr/>	<hr/>	<hr/>
% Direct Issue	<hr/>	<hr/>	<hr/>

3. Standard No. 3 - Medical/X-Bay

- a. Performance Levels

0 - 30% = Substantially Exceeds

31- 35% = Exceeds

36 - 40% = Meets

41- 45% = Partially Meets

46 - 100% = Fails to Meet

b. Medical/X-Ray

	As of	As of	As of
Stock Issue Value			
Direct Issue Value			
Total Issue Value			
% Direct Issue			

Comments : _____

4. Standard No. 4 - Subsistencea. Performance Levels

0 - 69% = Substantially Exceeds
 70 - 74% = Exceeds
 75 - 79% = Meets
 80 - 84% = Partially Meets
 85 - 100% = Fails to Meet

b. Subsistence

	As of	As of	As of
Stock Issue Value			
Direct Issue Value			
Total Issue Value			
% Direct Issue			

Comments : _____

CHAPTER 6**SUPPLY MANAGEMENT ' CENTRAL OPERATIONS****5. Standard No. 5 - Laboratory Supplies****a. Performance Levels**

0 - 69% = Substantially Exceeds

70 - 74% = Exceeds ..

75- 79% = Meets

80 - 84% = Partially Meets

85 - 100% = Fails to Meet

b. Laboratory

	As of	As of	As of
	<hr/>	<hr/>	<hr/>
Stock Issue Value	<hr/>	<hr/>	<hr/>
Direct Issue Value	<hr/>	<hr/>	<hr/>
Total Issue Value	<hr/>	<hr/>	<hr/>
% Direct Issue '	<hr/>	<hr/>	<hr/>
Comments:	<hr/>		
	<hr/>		
	<hr/>		

6. Standard No. 6 - Office/Administrative Supplies**a. Performance Levels**

0 - 64% = Substantially Exceeds

65 - 69% = Exceeds

70 - 74% = Meets

75 - 79% = Partially Meets

80 - 100% = Fails to Meet

b. Office/Administrative

	As of	As of	As of
	<hr/>	<hr/>	<hr/>
Stock Issue Value	<hr/>	<hr/>	<hr/>
Direct Issue Value	<hr/>	<hr/>	<hr/>
Total Issue Value	<hr/>	<hr/>	<hr/>
% Direct Issue	<hr/>	<hr/>	<hr/>

Comments: _____

7. Standard No. 7 - All Other Supplies (Excludes Fuel Oil)

- a. Performance Levels
- 0 - 50% = Substantially Exceeds
- 51 - 55% = Exceeds
- 56- 60% = Meets
- 61 - 65% = Partially Meets
- 66 - 100% = Fails to Meet

b. Other Supplies

	As of	As of	As of
	_____	_____	_____
Stock Issue Value	_____	_____	_____
Direct Issue Value	_____	_____	_____
Total Issue Value	_____	_____	_____
% Direct Issue	_____	_____	_____
Comments:	_____		

CHAPTER 6
SUPPLY MANAGEMENT - CENTRAL OPERATIONS

N. DEPARTMENT / CUPBOARD STOCK REVIEWS - SUPPLY STANDARD NO. 8

Semiannual review of individual departments supply operation Percent of reviews completed.

1. Purpose : To identify any problems that the user may be having and to assist in resolving those problems; to improve coordination and cooperation between the user and the supply section; and to improve direct supply support to the using department.

2. Performance Levels

100% Reviewed = Substantially Exceeds
 90- 99% Reviewed = Exceeds
 80- 89% Reviewed = Meets
 70- 79% Reviewed = Partially Meets
 60- 69% Reviewed = Fails to Meet

3. Reviews Required/Completed

	As of	As of	As of
Number Reviews Required	_____	_____	_____
Number Reviews Completed	_____	_____	_____
% Completed	_____	_____	_____

Comments: _____

CHAPTER 6

SUPPLY MANAGEMENT - CENTRAL OPERATIONS

AREA SUPPLY MANAGEMENT REVIEW, DOCUMENT
CENTRAL SUPPLY OPERATIONS

AREA: _____

DATE OF REVIEW: _____

REVIEW CONDUCTED BY:

Name _____ Title _____

Name _____ Title _____

AREA CONTACTS:

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

CLOSEOUT CONDUCTED WITH: _____ DATE: _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

AREA REVIEW DOCUMENT FOR CENTRAL SUPPLY OPERATIONS

INDEX

- A. ORGANIZATION
- B. STAFFING
- c. TRAINING/ASSISTANCE
- D. DESIGNATIONS
- E. SERVICE UNIT TRIPS
- F. MANUALS /HANDBOOKS/CIRCULARS, ETC.
- G. SUPPLY BUDGET
- H. FOLLOW UP ON OUTSTANDING PURCHASE ORDERS
- I. RECEIVING REPORTS
- J. STORES STOCK ISSUES
- K. DOCUMENT FILES AND RECORDS
- L. WAREHOUSES
- M. SUPPLY REPORTS
- N. INVENTORIES
- O. REVIEW OF INVENTORY INVESTMENT
- P. INVENTORY TURN-OVER RATE
- Q. INACTIVE STOCK ITEMS
- R. VALUE OF OVERSTOCKED/INACTIVE SUPPLIES
- S. STORES STOCK FILL RATE
- T. STORES STOCK ISSUES VERSUS DIRECT ISSUES
- U. REVIEW OF ANNUAL INVENTORIES
- V. UTILIZATION OF REQUIREMENTS ANALYSIS REPORT

CHAPTER 6
SUPPLY MANAGEMENT - CENTRAL OPERATIONS

A. ORGANIZATION

1. Is an organization chart available?

Comment : _____

2. Does the organization chart indicate any overlapping or duplicative activities?

Comment : _____

3. Does the organization provide for employee advancement?

Comment : _____

4. Are there dead-end positions in the organization?

Comment: _____

5. What changes are recommended in the organization?

Comment : _____

B. STAFFING

1. List employees involved in the Supply Program.

<u>Name</u>	<u>Title/Series/Grade</u>	<u>% of Time</u>
_____	_____	_____
_____	_____	_____

CHAPTER 6
SUPPLY MANAGEMENT - CENTRAL OPERATIONS

2. Is the staffing adequate for the workload:

Comment : _____

3. Are employees trained to provide backup, i.e., if an employee is on leave, can someone fill in?

Comment : _____

4. What changes in staffing, series or grades are recommended?

Comment : _____

C. TRAINING

1. Is the SSC staff adequately trained to perform their duties?

Comment : _____

- 2 . What additional training is recommended?

Comment : _____

3. Are training sessions held for Service Unit Supply personnel on an annual basis?

Comment : _____

D. DESIGNATIONS

1. Is there, in writing, designated Receiving Agents for the SSC?

Comment : _____

2. Is there, in writing, a designated Quality Control/Assurance Officer?

Comment : _____

3. Is there, in writing, a designated Area Supply Committee Coordinator?

Comment: _____

4. Is there, in writing, a designated Custodial Officer(s) for Controlled Substances?

Comment : _____

E. SERVICE UNIT TRIPS

1. Are regular review trips scheduled to the service units?

Comment : _____

2. Are trips performed as scheduled?

Comment : _____

3. Are trip reports prepared by the traveler?

Comment : _____

4. What follow-up is made on trip reports when they contain recommendations?

Comment : _____

5. Is higher authority advised of problems found in service units?

Comment : _____

6. Does higher authority support recommendations made in trip reports?

Comment : _____

CHAPTER 6SUPPLY MANAGEMENT -CENTRAL OPERATIONS

AREA REVIEW DOCUMENT FOR CENTRAL SUPPLY OPERATIONS

INDEX

- A. ORGANIZATION
- B. STAFFING
- c. TRAINING/ASSISTANCE
- D. DESIGNATIONS
- E. SERVICE UNITTRIPS
- F. MANUALS/HANDBOOKS/CIRCULARS, ETC.
- G. SUPPLY BUDGET
- H. FOLLOW UP ON OUTSTANDING PURCHASE ORDERS
- I. RECEIVING REPORTS
- J. STORES STOCK ISSUES
- K. DOCUMENT FILES AND RECORDS
- L. WAREHOUSES
- M. SUPPLY REPORTS
- N. INVENTORIES
- O. REVIEW OF INVENTORY INVESTMENT
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- R. VALUE OF OVERSTOCKED/INACTIVE SUPPLIES
- S. STORES STOCK FILL RATE
- T. STORES STOCK ISSUES VERSUS DIRECT ISSUES
- U. REVIEW OF ANNUAL INVENTORIES
- V. UTILIZATION OF REQUIREMENTS ANALYSIS REPORT

CHAPTER 6

SUPPLY MANAGEMENT - CENTRAL OPERATIONS

AREA SUPPLY MANAGEMENT REVIEW.. DOCUMENT
CENTRAL SUPPLY OPERATIONS

AREA: _____

DATE OF REVIEW: _____

REVIEW CONDUCTED BY:

Name _____ Title _____

Name _____ Title _____

AREA CONTACTS:**Name** _____ **Title** _____

Name _____ Title _____

Name _____ **Title** _____

Name _____ Title _____

CLOSEOUT CONDUCTED WITH: _____ DATE: _____

Name _____ **Title** _____

Name _____ Title _____

Name _____ Title _____

Name _____ Title _____

CHAPTER 6

SUPPLY MANAGEMENT - CENTRAL OPERATIONS

A. ORGANIZATION

1. Is an organization chart available?

Comment : _____

2. Does the organization chart indicate any overlapping or duplicative activities?

Comment : _____

3. Does the organization provide for Employee advancement?

Comment : _____

4. Are there dead-end positions in the organization?

Comment : _____

5. What changes are recommended in the organization?

Comment : _____

B. STAFFING

1. List employees involved in the Supply Program.

<u>Name</u>	<u>Title/Series/Grade</u>	<u>% of Time</u>
_____	_____	_____
_____	_____	_____

CHAPTER 6

SUPPLY MANAGEMEW - CENTRAL OPERATIONS

2. Is the staffing adequate for the workload:

Comment : _____

3. Are employees trained to provide backup, i.e., if an employee is on leave, can someone fill in?

Comment : _____

4. What changes in staffing, series or grades are recommended?

Comment: _____

C. TRAINING

1. Is the SSC staff adequately trained to perform their duties?

Comment: _____

CHAPTER 6

SUPPLY MANAGEMENT - CENTRAL OPERATIONS

2, What additional training is recommended?

Comment : _____

3. Are training sessions held for Service Unit Supply personnel on an annual basis?

Comment : _____

D. DESIGNATIONS

1. Is there, in writing, designated Receiving Agents for the SSC?

Comment: _____

2. Is there, in writing, a designated Quality Control/Assurance Officer?

Comment : _____

3. Is there, in writing, a designated Area Supply Committee Coordinator?

Comment : _____

4. Is there, in writing, a designated Custodial Officer(s) for Controlled Substances?

Comment : _____

E. SERVICE UNIT TRIPS

1. Are regular review trips scheduled to the service units?

Comment : _____

2. Are trips performed as scheduled?

Comment : _____

3. Are trip reports prepared by the traveler?

Comment : _____

4. What follow-up is made on trip reports when they contain recommendations?

Comment : _____

5. Is higher authority advised of problems found in service units?

Comment : _____

6. Does higher authority support recommendations made in trip reports?

Comment: _____

CHAPTER 6

SUPPLY MANAGEMENT - CENTRAL OPERATIONS

F . MANUALS/HANDBOOKS/CIRCULARS, En=,

1. Are the FPMR, HHS-MMM, and IHS Supply Management Manual available and are they kept current?

Comment : _____

2. What type of SSC operating procedures have been developed?

Comment : _____

3. Are SSC operating procedures kept current?

Comment: _____

4. Are there any conflicts in SSC procedures as compared to the FPMR, MNM, IHS?

Comment : _____

5. Are the policies and regulations outlined in the FPMR, MMM, IHS, etc., being followed?

Comment : _____

6. Are changes needed in the IHS Supply Management Manual?

Comment : _____

CHAPTER 6

SUPPLY MANAGEMENT - CENTRAL OPERATIONS

G. SUPPLY BUDGET

1. Is an area supply budget developed?

Comment : _____

2. Who develops the supply budget?

Comment : _____

3. What is the supply budget based on?

Comment : _____

4. Are ADP Supply Reports used to support supply budget needs?.

Comment : _____

5. What input does SSC personnel have in the development and changes to supply budgets?

Comment: _____

6. What changes are recommended in the budget process?

Comment : _____

~~CHAPTER 6~~

SUPPLY MANAGEMENT - CENTRAL OPERATIONS

H. FOLLOW-UP ON, OUTSTANDING PURCHASE ORDERS

1. Is routine follow-up made on orders that are seven (7) days past the scheduled delivery date?

Comment : _____

2. Is Supply Report No. 72 used in the follow-up process?

Comment : _____

3. Does the purchase order file contain a copy of the documented follow-up action?

Comment : _____

I. RECEIVING REPORTS

1. Are "Pending Purchase Orders" and "Completed Purchase Orders" filed and maintained in accordance with prescribed procedures?

Comment : _____

2. Are items checked in, placed into stock and receiving report completed within 6 hours after receipt of the item?

Comment : _____

3. Are items checked in and receipted for by the Designated Receiving Agent?

Comment : _____

J. STORE STOCK ISSUES

1. Is there an established and utilized issue schedule for stores stock?

Comment : _____

CHAPTER 6.SUPPLY MANAGEMENT - CENTRAL OPERATIONS

2. Are issue requests being properly completed?

Comment : _____

3. Are proper controls maintained on issue requests?

Comment : _____

4. Is Form HRS-413, Issue Request for Stores Stock Supplies, being used to request unscheduled issues and controlled items?

Comment : _____

5. Are issue requests and issue documents being properly reviewed and processed?

Comment : _____

6. Are there excessive UN-SCHEDULED issues?

Comment : _____

K. DOCUMENT FILES AND RECORDS

1. Are supply documents being vouchered and processed within 4-6 hours after receipt of supplies or stock issue?

Comment : _____

2. Are property vouchers filed and maintained in accordance with established procedures?

Comment : _____

CHAPTER 6

SUPPLY MANAGEMENT - CENTRAL OPERATIONS

3. Are supply, documents reviewed for proper signature, accounting data, correct quantity, price, etc., prior to being processed?

Comment : _____

4. Are unrequired documents being maintained?

Comment : _____

5. Is there a smooth flow of documents?

Comment _____

6. Are proper records and files being maintained on "Controlled Items"?

Comment: _____

7. Is the "Inventory Document File" file being maintained in accordance with published procedures?

Comment : _____

- a. Are proper files and records maintained on Outdated Items?

Comment : _____

9. Are proper files and records maintained on Deteriorated/Damaged supplies?

Comment : _____

10. Are proper files and records maintained on Quality Control complaints and Supply Committee Meetings?

Comment : _____

CHAPTER 6SUPPLY MANAGEMENT - CENTRAL OPERATIONS

11. Are proper documents being used for inventory adjustments/transfers/disposals?

Comment : _____

12. Are proper approvals obtained on disposal and adjustment documents?

Comment : _____

13. Are copies of adjustment/transfer/disposal documents being provided to Finance?

Comment : _____

L. WAREHOUSE

1. Is storeroom security enforced in accordance with procedures?

Comment : _____

2. Is security of "Controlled Items" in accordance with procedures?

Comment : _____

3. Were any outdated/deteriorated/damaged items found in stores stock?

Comment : _____

4. Are good "Housekeeping Practices" enforced in the warehouse?

Comment : _____

5. Does any unsafe condition exist in the warehouse?

Comment : _____

SUPPLY MANACEMENT - CENTRAL OPERATIONS

6. Does the warehouse layout and storage techniques provide for efficient utilization of space?

Comment: _____

7. Does the storeroom need to be re-warehoused to improve space utilization? .

Comment : _____

M. SUPPLY REPORTS

1. Are reports properly filed and maintained?

Comment : _____

2. Is Report No. 10, Monthly Voucher Summary Report, checked against the voucher register each month and appropriate corrective action taken on differences found.

Comment : _____

3. Is Report No. 11 Transaction Register, reviewed and appropriate corrective action taken on errors found?

Comment : _____

4. Is Report No. 12, Listing of Inactive Items, reviewed monthly and action taken on those items without issues in over 4 months?

Comment : _____

5. Is Report No. 14, Due in Register, reviewed and updated monthly?

Comment : _____

CHAPTER 6SUPPLY MANAGEMENT - CENTRAL OPERATIONS

14. Is proper distribution being made on the ADP Supply Reports?

Comment : _____

N. INVENTORIES

1. Is an annual inventory taken?

Comment : _____

2. Are annual inventories taken in accordance with published procedures?

Comment : _____

3. Are proper procedures used to reconcile inventories?

Comment : _____

4. Is there proper inventory documentation?

Comment : _____

S. What changes should be made in the inventory procedures?

Comment : _____

CHAPTER 6

SUPPLY MMAGEMENT - CENTRAL OPERATIONS

C o m m e n t : _____

4. Items added/changed/deleted in the past months.

Area Masters Added _____

Area Masters Changed _____

Area Masters Deleted _____

Station Masters Added _____

Station Masters Changed _____

Station Masters Deleted _____

5. Is a catalog available to the users listing those items available from stores stock?

Comment : _____

Is the catalog kept current?

Comment: _____

CHAPTER 6**SUPPLY MANAGEMENT - CENTRAL OPERATIONS****0. REVIEW OF INVENTORY INVESTMENT**

1. Inventory Data :

	As of	As of	As Of	As Of
	<hr/>	<hr/>	<hr/>	<hr/>
Actual closing Inventory Value				
	<hr/>	<hr/>	<hr/>	<hr/>
Less Value of Items With No Issues In over 6 Months				
	<hr/>	<hr/>	<hr/>	<hr/>
Less Value of Over Stockage				
	<hr/>	<hr/>	<hr/>	<hr/>
Adjusted Closing Inventory Value				
	<hr/>	<hr/>	<hr/>	<hr/>
Percent Decrease				
	<hr/>	<hr/>	<hr/>	<hr/>
Actual Months Supply In Inventory				
	<hr/>	<hr/>	<hr/>	<hr/>
Adjusted Months Supply In Inventory				
	<hr/>	<hr/>	<hr/>	<hr/>
Months Reduced				
	<hr/>	<hr/>	<hr/>	<hr/>

2. What action is taken to delete inactive items from inventory?

Comment :

3. What steps are taken to add items to inventory?

CHAPTER 6**SUPPLY MANAGEMENT - CENTRAL OPERATIONS**

6. Are error reports being properly corrected and re-processed?

Comment : _____

7. Do the supply reports reflect current information, i.e. description, source, vendor, lead time, projected usage?

Comment : _____

8. Does the staff need additional training on the use of the ADP Supply Reports?

Comment: _____

9. Is there a need for additional ADP Supply Reports or changes to present reports?

Comment : _____

10. Are Supply summary type reports provided to and/or reviewed with higher echelon each month?

Comment : _____

11. Are manual supply reports being prepared? If so, type, purpose, and source of data.

Comment : _____

12. Are reports requested by higher echelon prepared accurately and submitted on time?

Comment : _____

13. Is Report No. 13, Requirements Analysis Report, being properly utilized to order stores stock?

Comment : _____

CHAPTER 6

SUPPLY MANAGEMENT - CENTRAL OPERATIONS

P. ANNUAL INVENTORY TURN-OVER RATE

The number of times the inventory turned over in the past 12 months.

1. Rating Performance Standard No. 1:

3.5 - 12.0 Times = Substantially Exceeds
3.0 - 3.4 Times = Exceeds
2.5 - 2.9 Times = Meets
2.0 - 2.4 Times = Partially Meets
0.0 - 1.9 Times = Fails to Meet

2. Calculation:

Average monthly inventory value for the past 12, months divided into the total stock receipt value for the past 12 months.

3. Purpose

To reduce funds (\$\$\$) tied up in inventory at any one time. The higher the turn-over rate, less funds (\$\$\$) are tied up in-inventory; to reduce overstocking of supplies; and to reduce space requirements.

4. Monitoring:

Use actual calculation on a quarterly/semi-annual/annual basis; or divide the months supply on hand in inventory as listed on Report No. 20 each month into 12 to arrive at a general turn-over rate.

5. Turn-Over Rate :

As of	As of	As of	As of
_____	_____	_____	_____
_____	_____	_____	_____

Comment: _____

CHAPTER 6
SUPPLY MANAGEMENT - CENTRAL OPERATIONS

Q. INACTIVE STOCK ITEMS

Percent of the total stock items in inventory that have had no issues in 13 months or longer.

1. Rating Performance Standard No. 2:

0.0 - 0.5 Percent = Substantially Exceeds
 0.6 - 1.0 Percent = Exceeds
 1.1 - 1.5 Percent = Meets
 1.6 - 2.0 Percent = Partially Meets
 2.1 - 100 Percent = Fails to Meet

2. Calculation:

Divide the total number of stock items in inventory into the number of items with no issues in 13 months or longer.

3. Purpose

'Reduce investment loss from items becoming outdated/deteriorated/unuseable/etc. improve space utilization; and reduce personnel time.

4. Monitoring:

Review the following monthly supply reports:

Report No. 12 - Station Listing of Inactive Stores Stock Items - Detail Listing; Report No. 19 - Station Monthly Supply Summary Data by General Ledger Account; and Report No. 23 - Listing of Potential Unrequired Supply - Items identified with a asterick.

5. Inactive Items:

	As of	As of	As of	As of
	_____	_____	_____	_____
No. Items in Inventory	_____	_____	_____	_____
No. Items with no Issues in: 13 Plus Months	_____	_____	_____	_____
7-12 Months	_____	_____	_____	_____
Percent with no Issues	_____	_____	_____	_____
Comment :	_____			

R. VALUE OF OVERSTOCKED/INACTIVE SUPPLIES

Percent of the inventory value that is overstocked and inactive.

1. Rating Performance Standard No. 10:

0.0 - 1.5 Percent = Substantially Exceeds
 1.6 - 3.0 Percent = Exceeds
 3.1 - 4.5 Percent = Meets
 4.6 - 6.0 Percent = Partially Meets
 6.1 - 100 Percent = Fails to Meet

2. Calculation:

Value of items with no issues in 13 months or longer and, the excessive value of items on hand that exceed 15-16 months supply (12 months plus review point months).

3. Purpose:

Reduce inventory investment - \$\$\$; reduce inventory loss from items becoming outdated/deteriorated/outmoted/unuseable/etc.; reduce space requirements; improve investment turn-over rate; and reduce months supply on hand.

4. Monitoring:

Review Report No. 23, Listing of Potential Unrequired Supplies; each month.

Other reports that can be utilized:

Report No. 11 - Monthly Stores Stock Transaction Register; Report No. 12 - Listing of Inactive Items; Report No. 39 - Inventory Analysis Detail Listing; and Report No. 38 - Re-Warehousing, Report.

5. Value of Overstocked/Inactive Supplies:

	As of	As of	As of	As of
	_____	_____	_____	_____
Inventory Value	_____	_____	_____	_____
Value of Overstocked/ Inactive	_____	_____	_____	_____
% Overstocked/Inactive	_____	_____	_____	_____
Comment :	_____			

S.. STORES STOCK. FILL RATE

Percent of the line items-requested from stores stock where the total quantity requested was issued.

1. Rating Performance Standard No. 3:

98 - 100 Percent = Substantially Exceeds
 96- 97 Percent = Exceeds
 94 - 95 Percent = Meets
 92 - 93 Percent = Partially Meets
 0 - 91 Percent = Fails to Meet

2. Calculation: Total line items requested from stores stock divided into, the total line items that were 100% filled.3. Purpose To improve supply support provided to the direct user.4. Monitoring: Review the following monthly reports.

Report No. 11 - Station Monthly Transaction Register; Report No. 19 - Station Monthly Supply Summary Data by General Ledger Account ; and Report No. 20. - Area Monthly Supply Summary Data by General-Ledger Account.

S. Stores Stock Fill Rate:

	As of	As of	As of	As of
Number Line Items Requested/Process&d	_____	_____	_____	_____
Percent Total Outs	_____	_____	_____	_____
Percent Partial Filled	_____	_____	_____	_____
Percent 100% Filled	_____	_____	_____	_____
Comment :	_____			

SUPPLY MANAGEMENT - CENTRAL OPERATIONS

T. STORES STOCK ISSUES VERSUS DIRECT ISSUES

Percent of the total issue value (stock and direct) that should be issued from stores stock by category for sub-sub,activity 01

1. Rating Percentages: Performance Standards 4-9:

	Substat. <u>Exceeds</u>	<u>Exceeds</u>	<u>Meets</u>	Part. <u>Meets</u>	R a i l s T o <u>M</u> e e t
Drugs	86-100	81-85	76-80	71-7s	.0-70
Medical	70-100	65-69	60-64	55-59	0-54
Subsistence,	31-100	26-30	21-2s	16-20	0-15
Laboratory	31-100	26-30	21-2s	16-20	0-15
Office/Admin.	36-100	31-3s	26-30	21-2s	: 0-20
Other (Excl. Fuel)	50-100	45-49	40-44	35-39	0-34

2. Stores Stock Percentages:

	As Of	As Of	As Of	As Of
<u>DRUGS</u> (Excludes Blood)				
<u>MEDICAL</u>				
<u>SUBSISTENCE</u>				
<u>LABORATORY</u>				
<u>OFFICE/ADMINISTRATIVE</u>				
<u>OTHER (EXCLUDES FUEL)</u>				
<u>TOTAL</u>				

3. Calculation:

Divide the total issue value, stock and direct, into the stores stock issue value. Year-to-date totals are used.

4. Purpose:

To provide better supply support services to the using activities; to reduce manual records that are maintained by using activities; to reduce storage space requirements at the point of use; to reduce the number of purchase orders issued; and to improve inventory control and accountability by placing recurring use items into the inventory control system.

CHAPTER 6SUPPLY MANAGEMENT - CENTRAL OPERATIONS

5. Monitoring:

Compare the stock issue values to the direct issue values as listed on the following reports.

Report Nd. 16 - Station Monthly Sub-Sub-Activity Report and Report No.
17 - Area Monthly Sub-Sub-Activity Report.

6. Comments:

CHAPTER 6
SUPPLY MANGEMENT - CENTRAL OPERATIONS

U. REVIEW OF ANNUAL INVENTORIES

Percent of the stores stock line, items that had overages or storages on the annual inventories.

1. Rating Performance Standard No. 12:

0.0 - 0.5 Percent = Substantially Exceeds
0.6 - 1.0 Percent = Exceeds
1.1 - 1.5 Percent = Meets
1.6 - 2.0 Percent = Partially Meets
2.1 - 100 Percent = Fails to Meet

2. Calculation: Divide the number line items received/issued in the past 12 months into the number of line items that had overages/shortages on the annual inventory.

3. Purpose To maintain the accountable inventory records in an accurate status at all times. This will assist in reducing stock outages and reduce procurement of items prior to actual need.

4. . Monitoring .Review annual inventories and review monthly reports to ensure t at errors are corrected and re-submitted; missing documents are accounted for and processed.

5. Review of Inventories

	As of	As of	As of	As of
	_____	_____	_____	_____
Number Required/Completed	_____	_____	_____	_____
No. Line Items in Inventory	_____	_____	_____	_____
No. LI Received/Issued	_____	_____	_____	_____
No. LI W/ Overages/Shortages	_____	_____	_____	_____
% with Overages/Shortages	_____	_____	_____	_____
Value of Overages	_____	_____	_____	_____
Value of Shortages	_____	_____	_____	_____
Comments:	_____			

V. UTILIZATION OF REQUIREMENTS ANALYSIS REPORT

Percent of the items listed on the Requirements Analysis Report that have appeared 3 or more consecutive months. (Does not include item with EQQ months of 1.0 or 1.5).

1. Rating Performance Standard No. 10:

- O - 3 percent = Substantially Exceeds
- 4 - 6 percent = Exceeds
- 7 - 9 percent = **Meets**
- 10 - 12 percent = Partially **Meets**
- 13 - 100 percent = Fails to Meet

2. Calculation:

Year-To-Date Totals: Divide the total number items appearing on the report into the number that is excessive.

3. Purpose

To reduce the inventory investment. Yet, to have the supplies on hand in the quantities required to **meet** expected demand; and to use the Economic Order Quantity (EQQ) Principle in replenishment of stores stock.

4. Monitoring:

Review monthly Requirements Analysis Reports.

5. Review of Items on Requirements Analysis Report

	As of	As of	As of	As of
	_____	_____	_____	_____
Number Items on Report	_____	_____	_____	_____
Number Excessive Times	_____	_____	_____	_____
Percent Excessive	_____	_____	_____	_____
Comments:	_____			

CHAPTER 6
SUPPLY MANAGEMENT - CENTRAL OPERATIONS
INVENTORY ADJUSTMENT

1. PROPERTY ACCOUNT					3. VOUCHER NUMBER			
125.3 - Supply Service Center					86-04-0113			
2. ACCOUNTABLE OFFICER					4. DATE			
Steven K. Halstead					4-13-86			

6. LINE ITEM	FSC OR STOCK NO.	DESCRIPTION OR NOMENCLATURE	UNIT	UNIT COST	OVERAGE		SHORTAGE	
					QUAN.	TOTAL COST	QUAN.	TOTAL COST
1.	6861.6	Juice, Tomato, 46-02	CN	1.50			2	3.00
<p>"I certify the above listed items were destroyed by (state method)."</p> <p>_____ Signature, title, date</p> <p>"I have witnessed the complete destruction of the item(s) listed above and in the manner stated."</p> <p>_____ Witness (date)</p> <p>_____ Witness (date)</p>								
TOTAL								

6. REMARKS:

The two cans of juice are rusted and dented. This damage was not noted until case was opened. Items were received from VA on 1-3-86. Request approval to dispose of items by destruction.

Preparing Official _____

, Inv. Mgmt. Spec. _____

(Signature)

(Date)

7. ACTION OF APPROVING AUTHORITY : The line items deleted are to be listed on a Report-of-Survey. The remaining line items are approved for adjustment. (See Exhibit X-31A Instructions)

Approving Official _____

Area Executive Officer _____

(Signature)

(Title)

(Date)

CHAPTER 6
SUPPLY MANAGEMENT - CENTRAL OPERATIONSDEPARTMENT OF HEALTH & HUMAN SERVICES
PUBLIC HEALTH SERVICESHealth Services Administration
Office of the Administrator

Memorandum

Date

JUL 17 1981

From

Director
Office of Property Management

Subject

Disposal of Outdated/Deteriorated Expendable Stock Items

TO:

See Below

Drugs, biologicals, reagents, and other expendable stock items which are determined to be unsafe because of expiration of dating or deterioration and which have no scrap or salvage value and cannot be returned to the supplier for credit are to be destroyed by the holding activity. Within the following limits, the "officer-in-charge of the property accountable area, his deputy or executive assistant" (except when serving as the property management or accountable officer) may exercise authority to approve disposal determinations. Final review authority for destructions in excess of values listed is reserved to the Director, Office of Property Management, HSA, and must be accomplished prior to physical destruction.

Controlled Substances, any accumulation of controlled substances having a total acquisition cost of less than \$500 which meet the above criteria may be approved for destruction.

Drugs, Biologicals, and Reagents, accumulations including open or broken containers of these items meeting above criteria may be approved for destruction when acquisition cost was less than \$500 per manufacturer's lot or batch number and does not exceed \$1000 per line item.

Other Expendable Stock Items, accumulations of these items meeting above criteria may be approved for destruction when acquisition cost was less than \$1000 per line item.

Destruction, including controlled substances, shall be total and in such a manner as to preclude the utilization of any portion thereof. The destruction shall be in accordance with Federal, State, and local air and water pollution control standards. For controlled substances, compliance with Drug Enforcement Administration (DEA) regulations is also required. Destruction shall be performed by an employee of the holding activity and shall be accomplished in the presence of two other employees as witnesses to the destruction, unless in the case of controlled substances the Regional Director of DEA directs otherwise.

CHAPTER 6

SUPPLY MANAGEMENT, - CENTRAL OPERATIONS

Page 2 - See Below

Records shall show that destruction was accomplished; the method, date, item (s) and quantity destroyed shall also be documented by the employee charged with the responsibility for that destruction. The two witnesses must sign the following statement which is to appear on the certification below the signature of the certifying employee:

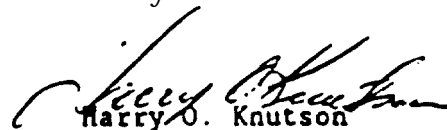
I have witnessed the destruction of the (controlled substances) (drugs, biologicals, and reagents other than controlled substances) or (other expendable stock items) described in the foregoing certification in the manner and on the date stated herein:

Witness (Date)

Witness (Date)

Documentation of determinations, approvals, destruction certifications, and inventory record adjustment shall be accomplished on or made a part of Form HEW-365, Inventory Adjustment. The HEW-365 should also contain a certification that the item(s) could not be returned to the supplier for credit.

A separate record shall be maintained of all destructions accomplished under this authority. A report of dollar value destroyed, by category shall be furnished to the Office of Property Management semi-annually and is due April 20 and October 20 each year.


Harry O. Knutson

Addressees:

Executive Officer, BMS
Executive Officer, IHS
Associate Deputy Director, IHS
Chief, General Services Branch, IHS

CHAPTER 6

SUPPLY MANAGEMENT - CENTRAL OPERATIONS

INDIAN HEALTH SERVICE - STORES STOCK INVENTORY SCHEDULE AND STATUS REPORT FY-

ountable Area:

Accountable Officer:

Signature:

Date:

[illegible]

CHAPTER 6
SUPPLY MANAGEMENT - CENTRAL OPERATIONS

DEPARTMENT/CUPBOARD STOCK SUPPLY REVIEW DOCUMENT

SERVICE UNIT: _____ DEPARTMENT: _____ DATE: _____

P & G S OFFICER: _____ DEPT CONTACT: _____

1. Are there any outdated items in cupboard stock? Yes _____ No _____

If yes, list items and planned disposition.

I t e m (s)

Planned Disposition

2. Are there any unusable/unneeded items in cupboard stock? Yes _____ No _____

If yes, list items and planned disposition.

Item(s)

Planned Disposition

3. Are there any overstocked items in cupboard stock? Yes _____ No _____

If yes, list items and planned disposition.

Item(s)

Planned Disposition

4. Are there any quality control complaints? Yes _____ No _____

If yes, complete Quality Complaint/Improvement Report Form, Exhibit 5-6.1OA(57), for each item and attach completed form(s) to this review document; Number items _____

CHAPTER 6
SUPPLY MANAGEMENT - CENTRAL OPERATIONS

5: Are any items identified that, should be added to Supply Service, Center Stock Inventory? Yes _____ No _____

If yes; complete Request for New Item Form, Exhibit 5-6.10A(34), for each item and attach completed form(s) to this review document. Number items _____

6. Do cupboard stock bin labels need to be replaced/updated? Yes _____ No _____

If yes, when is the scheduled completion date? _____

7..Do any user levels need to be revised in the Issue Rook? Yes _____ No _____

If yes, when is the scheduled completion date? _____

8. Percent of the line items requested from the Area Supply Service Center that were requested off schedule, _____ % Rating: _____

If rating is below "Meets Standard" what action is planned to improve rating? _____

9. Stock Issue Value; _____ Direct Issue Value _____

10. Does the department supervisor have any comments/suggestions/recommendations as to improvements that could be made in the supply support being received? Yes _____ No _____

If yes, list: _____

Signature P & S Officer

Signature Dept. Supv.

DISTRIBUTION

Original with attachments: TO - Area Supply Management Officer

Copy with attachments: To - SUD, AO, Department Supervisor, and Supply File

CHAPTER 6
SUPPLY MANGEMENT - CENTRAL OPERATIONS

BATCH CONTROL SHEET FOR SUPPLY TRANSACTIONS

1. DATE: _____
2. TYPE OF TRANSACTIONS: _____
3. TRANSACTION CODE: _____
4. AREA CODE: _____
5. STATION CODE: _____
6. NUMBER OF RECORDS TO BE ENTERED: _____
7. OPERATOR: _____
8. DATE COMPLETED: _____
9. DO RECORD COUNTS AGREE? YES: _____ NO: _____

NOTE: IF THE RECORD COUNTS DO NOT AGREE - VERIFY THE COUNT ENTERED IN ITEM 6. IF NECESSARY, USE "RECORD RECALL" TO VERIFY ITEMS ENTERED AGAINST EACH DOCUMENT ITEM.

CHAPTER 6
SUPPLY MANAGEMENT - CENTRAL OPERATIONS

CRT LAYOUT FORM

OGRAM	OGRAMMER	DATE	PAGE	OF		
1. TRANSACTION CODE: XX	2. AREA CODE: XX	3. STATION CODE: XX	4. DATE: FX XX CM XX	5. INDEX NO. XXXXXX	6. STORAGE LOC CODE: X	7. REVIEW POINT QTY: XXXXX
8. UNIT COST: XXXXXX	9. EOQ TYPE CODE: X	10. TYPE CODE C MONTHS MOD: XX	11. TYPE CODE B QTY MOD: XXXX	12. TYPE CODE D Y OR Q ACTION MONTHS MOD: 1-QTR X 2-QTR X 3-QTR X 4-QTR XX	13. ORDER NUMBER: XXXXXXXXXXXXXXXX	14. VENDOR NAME: XXXXXXXXXXXXXXXX
15. SOURCE CODE: X	16. LEAD TIME MONTHS: XX	17. SOURCE UNIT OF ISSUE: XX	18. STANDARD PACK QUANTITY: XXXXX			

CHAPTER 6
SUPPLY MANAGEMENT - CENTRAL OPERATIONS

DATE _____ OF _____ PAGE _____

PROGRAM		DATE		PAGE		OF	
1	2	3	4	5	6	7	8
STORES AREA TRANSACTIONS							
1. TRANSACTION CODE: XX							
2. AREA CODE:							
3. DATE: FY XX CM XX							
4. INDEX NUMBER: XXXXXXX							
5. DESCRIPTION 1ST 30: X							
6. DESCRIPTION 2ND 30: X							
7. STATION UNIT OF ISSUE: XX							
8. ACCOUNT CODE: X							
9. OBJ-SUBOBJ CODE: XXXX							
10. PHARMACY CODE: X							
11. STOCK NO: FSC XXXX MATO XX FURN XXXXXXXX SUFFIX X							